

RUN REPORT MANUAL

Effective March 1, 2003 Revised January 2004

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Maine EMS Run Report Changes for 2004

1. INSURANCE

HIPAA Privacy Practice Statement - This section is to be signed by patient for acknowledgement that they have received a copy of the ambulance service Notice of Privacy Practices. *Note: If the service is already using a form for this purpose, this section does not need a signature of the patient.*

2. REFUSE TRANSPORT

HIPAA Privacy Practice Statement is printed on the back of pages 1 and 2 on the run report for patients who refuse transport.

3. TIME – CALL RECEIVED

This box has been divided by a dashed line. The area above the dashed line is used when the call for assistance is received by the dispatch center from the party requesting the assistance, (time dispatch center received the call). The area below the dashed line is used when the call in received by the ambulance service from the dispatch center, (time ambulance service received the call).

4. FILL-IN AREA – CARDIAC MONITOR

Fill in this box when a cardiac monitor 3-4 lead is used and/or if a 12 lead EKG is used as well as completing the section in the lower right corner of the run report for license number, EKG Rhythm, Time etc, (an AED is NOT considered a monitor unless used by an individual licensed at or above the Intermediate level AND equipped with a screen/paper recorder that displays a cardiac rhythm).

5. **MEDICATIONS**

The following medications have been added to the back of the run report:

- 28 Epinephrine Autoinjector
- 65 H2 Blocker
- 66 Proton Pump Inhibitors
- 67 Samatostain Analogue

Please note: A typo error on the back of the run report under medications. 09 Dextrose (D15), should be 09 Dextrose (D50).

INTRODUCTION

The EMS patient/run record (run report) data system is designed to generate information useful for EMS managers, providers, and planners responsible for efficient and effective patient care. This data system is part of an EMS management information system which links, via computer, patient records from the scene (traffic report, EMS patient/run report), emergency department and the hospital (discharge diagnosis data) to evaluate patient outcome. This enables Maine EMS to compare patient outcome using any of the computerized variables in each of the four data bases. The areas that are particularly important to linkage are indicated in this manual.

EMS patient/run report data is processed by the EMS Data/Research Unit of the Maine Health Information Center (MHIC), (207-623-2555). The data unit staff are responsible for coding, editing, entering and updating the data and for preparing routine and special reports. The actual research copies of the patient/run report for the current year and three previous years are kept on file at the EMS Data/Research Unit. In addition, computer capabilities at the MHIC enable the data unit staff to have interactive access to the data stored in the computer file. The dual storage allows all questionable numbers to be verified, both by the computer and using the actual records. It also permits continuous updating and editing of the data base as errors are detected. Thus, the more the system is used, the better it gets.

The patient/run report data system serves the following functions in the EMS delivery system.

- 1. Promote the efficient and effective transfer of prehospital information to emergency department personnel for the purpose of assuring continuity of care for the patient.
- 2. Document prehospital events for legal purposes.
- 3. Provide management information to each ambulance/non-transporting service and emergency department.
- 4. Provide data to evaluate the performance and impact of EMS regionally and statewide
- 5. Provide data to EMS managers and providers for long-term planning purposes.

This Manual has been prepared to serve as a source of reference to EMS services and emergency department personnel completing the EMS patient/run report. The manual's format presents each section of the EMS patient/run report followed by the instructions for that section

Feedback

Each participating transporting and non-transporting service receives quarterly and annual reports. These reports present the data for the service along with regional and statewide data. The usefulness of these reports is contingent on the accuracy and completeness of the data submitted.

These quarterly and annual reports include the following (some sample reports are included in Appendix K):

- Vital Signs Completion Analysis
- Number of Runs by Type of Call (medical & trauma categories)
- Response Times (Average and Frequencies)
- Total Runs per Type of Run (Emergency, Transfer, etc.)
- Peak Activity by Day of Week
- Type of Call (Medical & Trauma Categories) by Town.
- Total Patients Receiving ALS Treatment, by EMS License#

State and regional EMS offices receive quarterly and annual summaries of data for each service (by region) along with regional and statewide totals. Special reports may be generated upon request. The EMS data system is flexible and capable of providing data in the format most practical to the user. In certain situations, there may be charges for special data requests.

EMS services and hospitals may get their data via computer disk at no charge. Contact Maine EMS for details.

Confidentiality

The information contained in these records is part of the patient's medical record and is therefore considered confidential. Services are required to provide this information to Maine EMS and there is statutory protection to assure that the confidentiality is maintained when given to Maine EMS.

HIPAA Privacy Rule and summary for compliance (found in Appendix J)

Maine statutes related to run reports (found in Appendix J) are:

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32 MRSA Chapter 2-B § 92 Confidentiality of Information
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€ 32 MRSA Chapter 2-B § 92-A Records of Quality Assurance Activities

& 22 MRSA Chapter 711 § 3022.7 Office of the Chief Medical Examiner

@ 1 MRSA Chapter 13 § 402.3 Definitions (Public Records)

Before copies of this patient/run report or any information contained therein is released, services should establish a written policy/procedure that has been reviewed and approved by the service's legal counsel. Strict compliance with this procedure should be explained to all personnel.

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DESCRIPTION OF THE PATIENT/RUN REPORT

The patient/run report is a four-part form. For *all EMS services* (both transporting services and non-transporting services), when the patient/run report has been completed, it is distributed as follows:

Original (Copy)

Copy one of the patient/run report is the original copy. It is labeled "HOSPITAL" in the lower left hand corner.

The purpose of part one is to provide a copy for the hospital to use and include in the patient's hospital record. This record is important enough that hospitals *are required* to have the ambulance patient/run report in the patient's medical records by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

As much as possible, services should strive to leave a completed copy of the patient/run report at the hospital before they leave. It is understood that in rare circumstances, there may be occasions when it is not possible to complete the patient/run report before it is necessary to leave the hospital. In these situations, the services should complete the patient/run report and return the original copy to the hospital as soon as possible.

Non-transporting services should strive to provide as much information as possible on this copy and give it to the ambulance that transports the patient. It may not be possible for a non-transporting service to provide a fully completed patient/run report due to the circumstances at the scene.

Transport of a patient should not be delayed due to lack of a completed patient/run report.

Copy Two

This copy is intended to be retained by the EMS service. Before separating copies 2, 3, and 4 for further distribution, please give a final check to assure the accuracy and completeness of the report.

The reverse side of copies one and two contain a patient refusal form. The patient refusal form should be used in the event of a no transport, refused transport or refused treatment run.

Copy Three

This is the research copy that is to be sent to Maine Health Information Center (MHIC), in chronological order, by the 15th of each following month. MHIC/Maine EMS will provide postage-paid envelopes to facilitate this requirement.

Copy Four

This is a second copy for use by the ambulance service as needed. This copy is used in a number of ways, such as regional Quality Improvement programs and billing purposes. The reverse side of this copy contains the description of codes needed to complete the run report.

NOTE:

On the reverse side of copies one and two there is a printed refusal form to assist services with a call that turns out to be, a refusal of treatment(s) and/or transport. Fill in the boxes that best apply to the situation at hand and have the patient sign the refusal form in the appropriate area. This is addressed in greater detail under refused transport on page 14.

If there is a question as to needing a patient or witness signature on the form, then please consult your service's legal counsel since they would be representing you in the event of litigation.

Sam	ple Ref	usal Form:	
	Com	petent Patient	
1.	[]	EMS feels to am:	ransportation is indicated. This is to certify that I,
		[]	Refusing treatment.
		[]	Refusing transfer offered by the EMS service and its representatives. I acknowledge that I have been informed of the risk involved and hereby release the licensed emergency medical persons, the Regional Medical Director and his designees for all responsibility for my ill effects which may result from this action.
2.		The patient is not warran	<u>refuses</u> EMS evaluation and transport, EMS feel that transport nted.
3.	[]	-	is evaluated by EMS and then <u>refuses</u> transport, EMS feels rt is not warranted.
			wledge that I have received a copy of the Ambulance Service rivacy Practices.
		Witness	Signed:Patient name/relative
			Patient name/relative

4.			ne patient requests transport, EMS evaluates the patient and feels insport is not indicated. On-Line Medical Control Contacted:									
OL	MC Order	-										
		[]	Transport									
		[]	No Transport. The patient is advised to seek medical care through alternate means of transportation.									
Inco	ompetent P	<u>Patient</u>										
	[]	On-Line Med	dical Control requests transport.									
		On-Line Med	lical Control agrees medical transport not needed.									
	[]		r nearest relative is advised to seek medical care through ans of transportation.									

Electronic Reporting

For EMS services that are using electronic patient/run reports and wish to file their research run reports electronically, please see APPENDIX H. This appendix lists the run report data structure that is required by MHIC in order to complete PC data entry. Services that choose to file their reports electronically must make the comment section for the run report available on diskette and the report needs to be entered by a member of the crew that was on the call.

Continuation Sheets

A second form/sheet has been developed to record data which does not fit on a patient/run report. This form/sheet may be used during complicated advanced life support runs, and should be used anytime additional comment space is needed.

The Continuation Sheet consists of an original and three copies. The copies should be distributed in the same manner as the EMS patient/run report and should always accompany the appropriate copy of the patient/run report (copy l with copy l, etc.)

Distribution of the Continuation Sheet to services is based upon need and is not done automatically. Please call MHIC for a supply of continuation sheets when you need them, (207-623-2555).

PATIENT/RUN REPORT - How to Complete Each Section

Shaded Sections:

Sections of the patient/run report have been shaded to highlight information, which should be reported to the transporting ambulance crew (if you are completing the patient/run report as a first responder) or to the medical control hospital by radio or telephone (if you are the ambulance crew).

These sections, described in detail later in the Manual, include the following:

- 1. Age/Date of Birth
- 2. Male/Female
- 3. Treating/Family Physician
- 4. Chief Complaint
- 5. Medications the patient is taking
- 6. Allergies
- 7. Time of Vital Signs
- 8. Pulse

- 9. Respiration
- 10. Systolic Blood Pressure
- 11. Diastolic Blood Pressure
- 12. Pupillary Response
- 13. Skin
- 14. Eye Opening Response
- 15. Verbal Response
- 16. Motor Response

If you assure that all of the shaded areas are completed before making your report via radio or telephone, you will be more certain the information you initially give the hospital will be complete.

Fill-In Boxes:

The patient/run report has been designed so that the user can record information using fill-in boxes and narrative. The fill-in boxes save time for both the crew member and the reader. They also facilitate data processing for quality assurance/improvement activities. Fill-in boxes should be used first. Narrative sections should be used to record unique information not indicated by the fill-in box.

It is requested that these boxes be blackened/filled in rather than "x'd" or checked so that marks won't stray into nearby boxes (especially on copies).

NOTE: Some of the field names listed below have an asterisk "*" before the name. These are fields that are entered into the computer database and can be used for special reports. For a complete list of the fields that are part of the database, please refer to the research copy (Copy 3) of the run report. The data fields that are entered into the computer are identified by a number in the box..

IDENTIFICATION OF SERVICE

RUN REPORT #	Mo.	Day	Year	M	_	SERVICE NAME	AND DESCRIPTION OF THE PARTY OF	SERVICE NO.	VEHICLE NO.	ALS	SERVICE RUN NO.
				T	S					Performed	
729151				W Th	SUN					☐ Back-Up Called	

*Date:

Use numbers to record date of call received. Insert leading zeros if required; for example: January 1, 2003 - <u>01/01/03</u>.

*Day of the Week:

Circle day of the run; for example: M = Monday, T = Tuesday, etc.

Service Name:

Enter appropriate name of ambulance or non-transporting service. Services may wish to preprint service name and a format for the billing section on their copies in advance to save time entering this data in the field.

*Service Number:

Each service is assigned a three-digit code, which should be entered here. (Numbers appear in Appendix A).

Vehicle Number (optional):

This is a code for use by multi-vehicle services. Services using this block should assign a *single* digit number to each vehicle in service.

ALS (optional):

This box has been created to make it easier to hand sort run reports and identify ALS runs. Fill-in "performed" if service provided advanced life support. If back-up is called to provide ALS, fill-in "back-up called" and complete the mutual aid section of the run report as described in the mutual aid portion of the manual. "ALS" (Advanced Life Support) means the ability to provide advanced level of medical care, which in the prehospital realm is intermediate, critical care or paramedic. The potential skills may include the following: IV access, advanced airway, cardiac monitoring, and/or oral or parenteral medications.

Service Run Numbers (optional):

Services which assign a sequential number to each run for filing purposes, should record their number in the service run number space.

PATIENT IDENTIFICATION

RUN REPORT#	Mo.	Dav	Year	M	_	SERVICE NAME		SERVICE NO.	VEHICLE NO.	ΔIS	SERVICE RUN, NO		
HON HEFORT#	IVIO.	Day	real	T W Th	S SUN	SERVIÇE NAIVIE		SERVICE NO.	VEHICLE NO.	☐ Performed ☐ Back-up Called	SERVICE HON. IN		
NAME							Insurance	Medicaid □ Ins	ured 🗆 Other	r 🗆 Self-Pay 🗆	None □ Unknown		
STREET OF	STREET OR R.F.D.						I acknowledge that I have received a copy of the ambulance service Notice of Privacy Practices						
CITY/TOW	1		STATE			ZIF							

Patient Name:

Legibly print the patient's first, middle initial(s), and last name. This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.

*Home Address:

Legibly print the patient's home street address, city or town, state and zip code. Only the town, State and zip codes will be picked up by the computer. Personnel are encouraged to enter town codes in addition to or instead of town name whenever possible. <u>If</u> entering town codes, please pay close attention to accuracy. (See Appendix B).

*Age/Date of Birth:

Legibly print **BOTH** age and date of birth. Insert leading zeros if required; for example: patient's DOB is June 7, 1967 - 35 06/07/67

Date of birth is a key field in data linkage. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

*Sex:

Fill-in the appropriate box. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Patient's Phone Number:

Enter patient's phone number, if known. *This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.*

*Incident Location:

Legibly print the street address, and city or town where incident occurred. Please do not write "same as above" or similar statements. The research copy has patient name and address blacked out, thus correct information may be lost. Only the town code will be picked up by the computer. Personnel are encouraged to enter town codes in addition to town names whenever possible. Both town codes and town names should be entered due to errors of entering codes. If town name is entered, it can be matched to town code. If entering town codes, please pay close attention to accuracy (See Appendix B).

*Site Code:

Enter the two-digit code (found on the reverse of part 4 and in Appendix F of this manual) that best describes where the patient's injury/illness occurred. For example; if the patient was injured in a farming accident you would enter "01." If the patient moved or was moved to another location you should still enter the site code appropriate for the location where the injury occurred.

The exception to this is for transfers (both emergency and routine). For these runs you should note the site code appropriate for the location where the patient was picked up (for example-hospital, nursing home, home) regardless of where the injury occurred.

*Billing Information:

This section has been provided to assist services in obtaining the information that is needed to process a patient's bill. Fill in the box(es) which are appropriate for the type of insurance that the patient has. There is room provided to fill in the policy numbers in accordance to your services billing policies.

Thus a person with Medicare would have the Medicare box filled in and the policy and group numbers written in on the next line.

Only the fill-in boxes will appear on the research copy (copy 3) of the run report for data collection. All information written in the four blank lines under the insurance fill-in boxes is blacked out on the research copy.

HIPAA Privacy Practice Statement:

This section is to be signed by patient for acknowledgement that they have received a copy of the ambulance service Notice of Privacy Practices. *Note: If the service is already using a form for this purpose, this section does not need a signature of the patient.*

*Transported to:

Legibly print the **name** of the hospital, nursing home, or other destination for the patient (residence). Use of code numbers (listed in appendix C) is preferred when a destination is a hospital (or contained in the list found in Appendix C of this manual). Please pay close attention to accuracy when writing the hospital code number. Both hospital codes and hospital names should be entered due to errors of entering codes. If hospital name is entered, it can be matched to hospital code. Non-transporting services **should enter the identification number of the transporting service** (listed in appendix A). Non-transporting services may choose to enter the name of the hospital as well as the ambulance service number as follows:

[transported to] MMC Via 215

Treating/Family Physician:

Legibly print the name of the family physician or specialist presently treating the patient who may need to be contacted by emergency department personnel for information about the patient. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service. This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.

Transportation/Communication Problems:

Record transportation problems, which cause unusual delays. This section should also be used to indicate problems with hardware, such as engine or equipment failure. If problems are not encountered, skip this section.

*Crew License Numbers:

Space is provided to record the license numbers for up to six crew members on the run. This information will be used to monitor skill performance frequency. Crew members should use the 5 digit license number assigned to them when licensed. *PLEASE use*

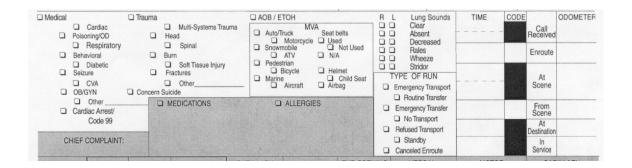
<u>letters indicating level of license.</u> Thus, Intermediate EMT #65432 should be entered as <u>I</u> 65432.

Please enter the license number for the crew member with the highest capability in the first box (upper left hand corner).

Do not enter the license numbers of crew members from another service who responded to assist your service as an ALS intercept or mutual aid call. Enter only participating crew members from your own service or licensed EMS personnel who were acting as good Samaritans and not as mutual aid responders.

All non-EMS licensed personnel, such as drivers, physicians, and nurses should use the codes listed in Appendix E.

IDENTIFICATION OF INJURY/ TYPE OF RUN



*Type Illness/Injury (Medical, Trauma, Code 99):

Fill-in appropriate box (es) indicating the category which best describes the type of primary problem(s) experienced by the patient. You may fill-in more than I box. This information is used for quality of care audits. If none of the categories are suitable, fill-in "Other" and legibly print, in the space provided, the title of a suitable category.

Examples:

- 1. A 72-year-old male with a cardiac history is caught in a flash fire when he lights the gas grille. He presents with burns on his arms, face and singed hair; he is complaining of severe chest pain which is radiating to his jaw and left shoulder/arm. This patient would have the boxes for burns and cardiac filled-in.
- 2. A 72-year-old male with a cardiac history is caught in a flash fire when he lights the gas grille. He presents with burns on his arms; his only complaint is pain in

both arms and hands, he denies chest pain and has no cardiac signs/symptoms. This patient would have the trauma heading filled-in as well as the box for burns.

Cardiac Arrest/Code 99: Fill-in this box if the patient experiences cardiac arrest (either medical or trauma related).

<u>Concern Suicide:</u> Fill in this box for patients, who have, relevant to this call/run, expressed or displayed any suicidal tendencies or attempts.

AOB/ETOH:

Fill-in this box for patients where there is a concern about either alcohol on the patient's breath or the nature of the call is related to the patient's use and/or abuse of alcohol.

*MVA:

If the call is related to a motor vehicle accident, or any of the following are relevant to the patient's accident, please fill in the appropriate box(es) that apply:

Auto/ Truck - fill in this box if the patient was inside an automobile or truck at the time of the accident.

Motorcycle - fill in this box if the patient was on a motorcycle at the time of the accident.

Snowmobile - fill in this box if the patient was on a snowmobile at the time of the accident.

ATV - fill in this box if the patient was on any type of off road ATV at the time of the accident.

Pedestrian - fill in this box if the patient was struck by any of the above or by a bicycle.

Bicycle - fill in this box if the patient was riding/operating a bicycle at the time of the accident.

Marine - fill in this box if the patient was either a passenger, operator or struck by of any type of boat or personal watercraft.

Aircraft - fill in this box if the patient was either a passenger, operator or struck by any type of aircraft.

Restraints: Seat belt

Used: the patient was wearing a seatbelt.

Not used: the vehicle was equipped with a seat belt,

but the patient was not wearing one

N/A: the vehicle was not equipped with a seatbelt

(e.g. motorcycle)

Helmet: Fill-in if the patient was wearing a helmet as part of an activity in which the patient was engaged (i.e. helmet worn while motorcycling, bicycling, snowmobiling, etc.).

Child seat: Fill-in if the patient was in a child seat.

Airbag: Fill-in if car was equipped with an airbag and the airbag deployed.

Example: A car accident involving a 2 year old who was in a car seat (that was not secured to the vehicle) would have the following boxes filled in: Auto/Truck

Seat Belt Not Used Child seat

*Lung Sounds:

Fill-in the box (es) that best describe the patient's lung sounds by (R) Right and (L) Left sides.

Chief Complaint:

Legibly print the patient's chief complaint (why EMS was called).

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Medication/Allergies:

Fill-in the appropriate boxes indicating if the patient is taking medications or suffers from allergies. Space is provided for you to describe the medications and/or allergies.

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

*TYPE OF RUN:

Seven types of runs are listed. Fill-in the box that best describes the type of run according to the following definitions.

Emergency Transports: The emergency transport is defined as an unscheduled call for immediate ambulance transport from a location <u>other than a hospital or MEMS approved health care center</u>. At the time the crew responds, the call is considered a true emergency and response times are as short as possible. The patient is usually transported to a hospital or MEMS approved health care center. Calls responded to by the ambulance service in as short a time as possible are considered "emergency" regardless of the true life and death status of the patient.

Routine Transfer: The routine transfer is elective and scheduled. It may be postponed without jeopardizing the health of the patient. Response times are usually longer than for an emergency transport. These runs include transfers from the home to an office/hospital, or transfers between nursing home/hospital or health care center for scheduled diagnostic procedures. If the patient goes into cardiac arrest during a routine transfer or otherwise has a change in condition which is an emergency, the run should still be designated a routine run. We will be able to identify these as "true emergencies" from the treatment boxes.

Emergency Transfers: The emergency transfer includes transferring patients from one hospital to another for more definitive care. This is *not* the same as "Emergency Transport" which is described above. This is an unscheduled transfer which cannot be postponed without jeopardizing the health of the patient.

No Transports: Runs for which no patient is transported should be checked as "no transport." These runs include deaths at the scene who are not transported to the ED for the certification of death. Do not check this box for patients who refuse transport.

Refused Transport: Runs involving patients who refuse transport should be filled-in as "refused transport." If the patient is not transported, the release form, on the back of copy one and/or two, should be signed by the patient with the appropriate box filled in. A service should develop a written policy that addresses which copy of the run report should be signed by the patient and what is done with copy one of the run report if the patient is not transported.

If there is a question as to needing a patient or witness signature on the form, then please consult your own service's legal counsel on this issue as they would be representing you in the event of litigation.

Standby Coverage: Fill-in this box if the service was requested to respond to an unscheduled event for the sole purpose of providing immediate medical care in the event that it was needed. The unit remains staffed and on scene for the sole purpose of treating patients. Do not use this box for sports events, etc.

Example: police standby for hostage situation, or fire department standby when the EMS crew's responsibility is to treat patients and not firefighting

Canceled Enroute: Fill in this box if the service was dispatched to a call and canceled prior to arrival on scene or if there was no patient contact.

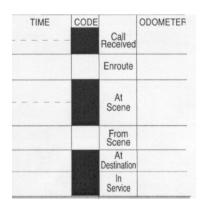
Examples:

- 1. Dispatched to a 10-55 and canceled by police prior to arrival, or dispatched to a scene and the patient was gone upon arrival
- 2. Dispatched to provide ALS Back-up and canceled enroute and had no patient contact.

TIMES AND ODOMETER READINGS:

*Time:

All entries must be *military time only* (see appendix D) 000l to 2400 hours.



a) *Call Received: This box has been divided by a dashed line. The area above the dashed line is used when the call for assistance is received by the dispatch center from the party requesting the assistance, (time the dispatch received the call). The area below the dashed line is used when the call is received by the ambulance service from the dispatch center, (time ambulance service

receives the call).

- b) **Enroute:** When the unit leaves the station and is enroute to the scene
- c) *At Scene: This box has been divided by a dashed line for use by services who may have personnel that arrive on the scene and are able to provide some form of care before the ambulance/rescue vehicle arrives. In such cases, the area above the dashed line should be used to record the time personnel first arrived and began treatment the area below the dashed line should record the time that a service's ambulance/rescue vehicle arrived.
- d) *From Scene: When the unit leaves the scene.
- e) *At Destination: When the ambulance arrives at the hospital.
- f) **In Service:** When the ambulance or non-transporting service is ready for service again.

*Code (level of response):

The purpose of this box is to gather information regarding the level of response the service had to a call.

The two areas where a number should be entered are:

- 1) "Enroute" showing the level of response *to the scene of the emergency*, and
- 2) "From scene" showing the level of response *from the scene to the destination*.

If your level of response changes, please enter the *highest* level used, as follows:

Code 1: No emergency lights or sirens - operated with the normal flow of traffic.

Code 3: Emergency lights and siren used in accordance with the Maine Motor Vehicle Statues, 29-A MRSA. (see Appendix I for a copy of 29A§2054)

Odometer:

Enter odometer readings for Call Received, At Scene, and At Destination. Odometer readings will not be entered in to the data system and should be entered according to your services policy.

ASSESSMENT OF PATIENT AT THE SCENE AND ENROUTE

TIME	PULSE	RESP	BP	PUPILLARY RESPONSE	SKIN	EYE OPENING RESPONSE	VERBAL RESPONSE	MOTOR RESPONSE	CAPILLARY REFILL
						4321	54321	654321	☐ Normal ☐ Delayed ☐ None
						4321	54321	654321	☐ Normal ☐ Delayed ☐ None
						4321	54321	654321	□ Normal □ Delayed

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Record the military time when patient assessment is performed at the scene and enroute. Three spaces are provided for vital signs, pupillary response, and skin. Use these spaces as necessary, recording the time each assessment is done. Record under pupillary response whether reaction to light is normal. Under skin, use an adjective which best describes significant color, temperature, and moisture findings. Remember to record "quality" findings (for example "regular" under pulse). Systolic BP determined by palpation should be written with a "P" in the diastolic box (for example "80/P").

If you do not take a particular vital sign, leave the box blank. DO NOT use a zero "0" in these cases. A zero should only be entered when a vital is taken, but absent (e.g. a respiration of zero would be used for a patient who is not breathing).

Circle the number under verbal, motor, and eye opening responses which correspond to the patient's highest level of response for each category using the Glasgow Coma Scale (GCS). The GCS can be found on the reverse of run report page 4 and in Appendix F of this manual.

Boxes listed under Capillary Refill will be used in conjunction with the Glasgow Coma Scale (GCS) to calculate a trauma severity score. Fill-in the box which reflects the patient's level of capillary refill.

^{*}The first set of vital signs (including pupillary response, skin, and Glasgow Coma Score) is entered into the data system.

COMMENT SECTION

Comments:

Write in the apparent cause, location of symptoms, past medical history, and other pertinent information concerning the incident and patient. Use this area, and a continuation sheet if additional space is needed (supplied by MHIC) to complete your report. The use of "SOAP" or other reporting format is strongly encouraged. A patient/run record is complete, however, only when another licensee at your level, who was not on the call, could read the report and understand what you found, what you did, and why you did it.

Use the fill-in boxes on the run report to record the routine treatment information. Use the comment section to describe the unusual symptoms, history, status or legibly document the patient's condition and overall appearance.

<u>Treatments recorded in the comment section but not also checked off in the appropriate</u> treatment box will not be picked up by the computer.

*TREATMENTS & MUTUAL AID

IUTUAL AID Assisted/Assisted by Service #	Time Called:	☐ Medication Administer		☐ Defib		-Vert 🗆	CONTI	201	Written Ord		
PATIENT'S SUSPECTED PROBLEM:		Monit ☐ 3-4 lead ☐		□ Chest [Decomp		IV SUC		_ 10/bai c	Total	Attempt
Cleared Airway	Extrication	☐ Pacing		☐ Cricoth	yrotomy		UNSUC				
Artificial Respiration/BVN	Cervical Immobilization						ET			Total	Attemp
Oropharyngeal Airway	KED/Short Board	☐ Paramedi	c Interfacility	Transfer			□ SUC	LIC#			
Nasopharyngeal Airway	Long Board						☐ UNSUC	LIC#			
CPR-Time:	Restraints	LIC#	EKG RI	MHTYH	TIME	MED	S / DEFIB /	C-VERT	MED#	DOSE W/S	ROU
Bystander CPR	Traction Splinting									11.0	
AED-Time	General Splinting										
Suction	Cold Application										
Oxygen-LP Min	Blood Glucose										
Pulse Oximetry	Assist w/Pt. Meds										
Autovent	Spinal Assessment Protocol Used										

*Mutual Aid:

Record the identification number (See Appendix A) of the service you assist or which assists you if this is a mutual aid run.

For an ALS intercept, reference the Maine EMS run report number of the service which intercepted with yours or which you intercepted with in the comment section of the run report.

Example: Please refer to Maine EMS run report #.... for information prior to/after intercept.

If a patient gets transferred to another ambulance during mutual aid, copy 1 of the run report of originating ambulance service must accompany patient.

It is not considered mutual aid for a non-transporting service to enter the identification number of the transporting ambulance service to list the identification number of the non-transporting service. This information should be placed in the "Transported To" box above as explained on page 12 of this manual.

Time called:

Enter the time you called for mutual aid or the time which you were called to provide mutual aid.

Patient's Suspected Problem:

Briefly enter suspected problem as determined by your personnel.

Fill-in area:

Fill-in the box to the left of each skill performed (*Note* the following are special considerations for this section).

- If CPR was performed denote the time it was started.
- If an AED is used there is a space to denote what time it was turned on.
- If oxygen is used, also record the flow rate beside "L.P.Min" and Fill-in the appropriate box for the method used to deliver the oxygen (nasal cannula or mask).
- If pulse oximetry is performed note the oximetry reading before and after oxygen administration (if possible) in the space to the right.

For example: Pulse Oximetry 90% ↑ 98%

- Blood Glucose fill in this box if the blood glucose level was obtained
- Assist W/Pt Meds fill in this box if this protocol was used

- Spinal Assessment Protocol Used fill in this box if the spinal assessment protocol was used for the patient who was in the "uncertain" algorithm, regardless of the assessment outcome. Ensure there is documentation in the comment area describing how this assessment was performed. **DO NOT** place the code 77777 in the lower right hand corner of the Crew License Numbers area.
- Medical Control fill in the appropriate box for the care delivered, provided by protocol standing orders (written) or verbal orders.

There are additional fill in boxes provided and the ones that best apply to the procedure that were performed should be filled in. These additional boxes are for:

Medication administered: Fill in this box if medications are administered by

personnel on the run. Complete information including the medication number (from the back of page 4 of the run report or from Appendix G f this manual) should be recorded in the space provided in the lower

right corner.

● Defib and/or C-Vert: Fill-in the appropriate box for the procedure performed

(Defib means defibrillation and C-Vert means Synchronized Cardioversion) as well as the license number of the provider who performed them. (This includes the use of an AED when defibrillation is performed.) If this procedure is performed by a student who is working under the field preceptor guidelines, use the students license number.

♦ Cardiac Monitor: Fill-in this box when a cardiac monitor and 12 lead

EKG are used as well as completing the section in the lower right corner of the run report for license number, EKG Rhythm, Time etc. (an AED is NOT considered a monitor unless used by an individual licensed at or above the Intermediate level AND equipped with a screen/paper recorder that displays a cardiac rhythm).

- **6**[™] Chest decompression
- **€** Cardiac Pacing
- **♦** Cricothyrotomy
- Paramedic Interfacility; Fill in this box if the run was an Interfacility transfer which involved medications that are

part of the Paramedic Interfacility Transfer Program, and the Paramedic on the run was trained in this program.

*I.V. - ET:

The IV and ET boxes are designed to record the treatments that were provided or attempted for the patient. Fill-in the appropriate box(es) to indicate if attempts to insert an IV, and/or ET were successful and/or unsuccessful. Space is provided to record license numbers for the crew members performing the skill and the total number of attempts. If, the procedure is preformed by a student working under the field preceptor guidelines, use the students license number. Both the successful and unsuccessful boxes should be checked if appropriate. License numbers for both the successful and unsuccessful crew members should be recorded.

Example:

- l. A crew member successfully establishes an IV on his/her second attempt after one unsuccessful attempt by another crew member. The report should have the following completed:
 - a. The successful box (SUC) filled in with the license number of the successful crew member and a two under the total attempts column.
 - b. The unsuccessful box (UNSUC) filled in with the license number of the unsuccessful crew.

Advanced life support treatment should be sequentially recorded in the space provided. The first column is used to write the license number of the crew member providing the treatments recorded on that line. If the procedure is preformed by a student working under the field preceptor guidelines, use the students license number. Thus for the cardiac patient, the crew member first records his/her license number, then the initial rhythm shown on the monitor. If the decision is to treat with medication first then the time should be recorded along with the name of the medication, medication number, dosage, and route. The medication number is found on the back of page 4 of the run report and in (Appendix G) of this manual. Use a separate line to record each medication name and number, if more than one is given. Use a separate line for each crew member providing an ALS treatment.

If the patient requires defibrillation, whether defibrillation was done using an AED or an ALS member with a more sophisticated Cardiac Monitor, the crew member begins a new line, records his/her license number, the rhythm prior to defibrillation and the time.

Defibrillation should be recorded in the column marked "Meds/Defib/C-Vert" and the voltage under "Dose/W/S." Go to the next line, record license number, rhythm after defibrillation and time. If rhythm converted, record converted, continue in this manner using a new line to record each treatment as it is performed.

If the run is complicated and you need additional space to document treatments, use a Continuation Sheet.

Name of E.D. Treating Physician:

Record the name of the physician who gave you medical control or, if none given, who treats the patient in the E.D.

Signatures:

This space should be used for signatures of person in charge and/or other personnel required by your service's policy. If, the run report was completed by a student working under the field preceptor guidelines, have the preceptor and the student both sign the run report

If treatment has been ordered that is not specifically listed in protocol, get the emergency department physician's signature on run form.

APPENDIX A

Maine EMS Service Listing

SV NUM	1 SV_NAME	060	Buxton Fire & Rescue
840	Acadia National Park	865	Calais Fire Dept
003	Acton Ambulance Assn	120	Camden First Aid Emergency Amb
845	Albion FD Rescue	869	Canaan Municipal Fire & Rescue
847	Alexander VFD First Resp. Unit	867	Canton Volunteer Fire & Rescue
005	Alfred Rescue Squad	130	Cape Elizabeth Rescue
848	Alna First Responders	138	Careplus Seacoast Amb Service
016	Ambulance Serv Inc Allagash	803	Caribou Fire/Air Ambulance Svc
018	Ambulance Serv Inc Eagle Lake	135	Caribou Fire/Ambulance
017	Ambulance Serv Inc Ft Kent	140	Carmel Volunteer Amb Service
019	Ambulance Serv Inc St Agatha	147	Casco Rescue Department
020	AMPS Ambulance	150	Central Lincoln County Amb
090	AMR - Eliot	210	Charles A Dean Ambulance Svc
091	AMR - Somersworth	878	Charlotte Vol Fire Department
088	AMR Scarborough	157	Cherryfield Ambulance Service
850	Andover Fire Dept	884	Chesterville Fire & EMS
025	Anson Madison Amb Svc	870	China Rescue Squad
380	Arthur Jewell Health Center	160	Clinton Fire Dept Amb Service
030	Arundel Fire/Rescue	230	Community Ambulance, Inc.
040	Ashland Ambulance Service	164	Community EMS
038	Auburn Fire Department	165	Corinna EMS
041	Augusta Fire Department	885	Corinth Rescue
854	Aurora Volunteer Fire Dept.	172	County Amb Svc Inc/Ellsworth
047	Bagaduce Amb Corps	871	Cranberry Isles Rescue
045	Baileyville Vol Amb	802	Crown Air Ambulance
050	Bangor Fire Department	689	Crown Amb. Ft. Fairfield
055	Bar Harbor Fire Dept	686	Crown Ambulance SerLimestone
862	Bates EMS	687	Crown Ambulance Ser Mars Hill
070	Bath Fire Department	681	Crown Ambulance Service/P.I.
072	Bath Iron Works Rescue	185	Cumberland Rescue Department
080	Beech Ridge Speedway Amb	190	Cundy's Harbor Fire Dept
085	Belfast Amb & Rescue Sv	195	Cushing Rescue Squad
857	Belgrade Rescue	874	Dedham Fire Department
856	Belmont Vol. Fire and Rescue	215	Delta Amb Corp/Waterville
092	Bethel Ambulance Serv	217	Delta Ambulance Corp/Augusta
100	Biddeford Ambulance Serv	872	Denmark Fire Dept 1st Responder
104	Boothbay Region Ambulance	220	Denny River Volunteer Ambulance
858	Bowdoin First Responders	879	Detroit Fire & Rescue
863	Bowdoinham EMS	225	Dexter Ambulance Ser
861	Bradford First Responders	873	Dresden First Responder
859	Bremen Rescue First Responders	877	Durham First Responder Service
108	Brewer Fire Department	250	East Millinocket Amb
977	Bristol Fire and Rescue	880	Eddington Fire Dept
110	Brunswick Fire Department EMS	882	Edgecomb Fire Department
113	Buckfield Ambulance Ser	883	Etna First Responders
115	Bucksport Ambulance Ser	895	Fairfield Fire Dept Rescue
060	Buxton Fire & Rescue		-

260	Falmouth EMS		
900	Farmington Fire Rescue	900	Farmington Fire Rescue
270	Freeport Rescue	270	Freeport Rescue
275	Friendship Amb Ser	275	Friendship Amb Ser
280	Fryeburg Rescue	280	Fryeburg Rescue
295	G & H Ambulance Service	295	G & H Ambulance Service
282	Gardiner Amb Service	282	Gardiner Amb Service
285	Georgetown Ambulance	285	Georgetown Ambulance
297	Goodwins Mills Rescue	297	Goodwins Mills Rescue
300	Gorham Fire Department	300	Gorham Fire Department
906	Gouldsboro Fire Department	906	Gouldsboro Fire Department
303	Grand Lake Stream Rescue	303	Grand Lake Stream Rescue
305	Gray Fire/Rescue	305	Gray Fire/Rescue
909	Greene Fire Dp Rescue	909	Greene Fire Dp Rescue
905	Greenville Fire/Rescue	905	Greenville Fire/Rescue
907	Guilford Fire First Responders	907	Guilford Fire First Responders
320	·		•
324	Hampden Ambulance Service	320 324	Hampden Ambulance Service
325	Harmony Regional Amb Service		Harmony Regional Amb Service
	Harpswell Neck Fire & Rescue	325	Harpswell Neck Fire & Rescue Hartland & St Albans Ambulance
330	Hartland & St Albans Ambulance	330	
350	Hermon Volunteer Rescue	350	Hermon Volunteer Rescue
911	Holden Rescue	911	Holden Rescue
913	Hollis Rescue	913	Hollis Rescue
360	Houlton Amb Service	360	Houlton Amb Service
365	Indian Township Fire & Rescue	365	Indian Township Fire & Rescue
910	Industry Fire Department	910	Industry Fire Department
367	Island Community Ambulance	367	Island Community Ambulance
388	Island Falls Amb Serv	388	Island Falls Amb Serv
908	Isle au Haut Rescue	908	Isle au Haut Rescue
370	Islesboro Ambulance Service	370	Islesboro Ambulance Service
378	Jackman Area Vol Ambulance	378	Jackman Area Vol Ambulance
914	Jefferson Fire and Rescue	914	Jefferson Fire and Rescue
915	Kenduskeag First Responders	915	Kenduskeag First Responders
390	Kennebunk Fire Rescue	390	Kennebunk Fire Rescue
392	Kennebunkport EMS	392	Kennebunkport EMS
410	Lebanon Rescue	410	Lebanon Rescue
920	Levant Vol Rescue Squad	920	Levant Vol Rescue Squad
415	Liberty Vol Amb Service	415	Liberty Vol Amb Service
807	Life Flight of Maine-Bangor	807	Life Flight of Maine-Bangor
808	LifeFlight of Maine-Lewiston	808	LifeFlight of Maine-Lewiston
416	LifeStar	416	LifeStar
418	Limerick Rescue	418	Limerick Rescue
420	Limington Fire and EMS	420	Limington Fire and EMS
422	Lisbon Ambulance	422	Lisbon Ambulance
922	Litchfield First Responders	922	Litchfield First Responders
423	Long Island Volunteer Rescue	423	Long Island Volunteer Rescue
435	Machias Ambulance Service	435	Machias Ambulance Service
437	Madawaska Ambulance Service	437	Madawaska Ambulance Service

520	Pace Paramedic Service		
948	Palermo Rescue	948	Palermo Rescue
525	Patten Amb Service	525	Patten Amb Service
530	Peninsula Amb Corps	530	Peninsula Amb Corps
535	Penobscot Valley Hosp/Howland	535	Penobscot Valley Hosp/Howland
534	Penobscot Valley Hosp/Lincoln	534	Penobscot Valley Hosp/Lincoln
537	Petit Manan Amb/Milbridge	537	Petit Manan Amb/Milbridge
540	Phippsburg Vol Amb Sv	540	Phippsburg Vol Amb Sv
544	Pleasant River Amb Service Inc	544	Pleasant River Amb Service Inc
955	Plymouth Fire Department	955	Plymouth Fire Department
543	Poland Rescue	543	Poland Rescue
956	Pownal Fire Dept First Respond	956	Pownal Fire Dept First Respond
560	Rangeley Region Amb Service	560	Rangeley Region Amb Service
565	Raymond Rescue	565	Raymond Rescue
645	Redington Fairview EMS	645	Redington Fairview EMS
580	Rockland EMS	580	Rockland EMS
969	Rockwood Fire/EMS	969	Rockwood Fire/EMS
971	Rome Rescue Squad	971	Rome Rescue Squad
968	Rumford Fire Department	968	Rumford Fire Department
595	Saco Fire Department	595	Saco Fire Department
600	Sacopee Rescue Inc	600	Sacopee Rescue Inc
610	Sanford Fire Dept Amb Svc	610	Sanford Fire Dept Amb Svc
616	Scarborough Downs EMS	616	Scarborough Downs EMS
615	Scarborough Rescue Unit	615	Scarborough Rescue Unit
646	Searsmont Rescue	646	Searsmont Rescue
620	Searsport Ambulance Service	620	Searsport Ambulance Service
625	Sebago Volunteer EMS	625	Sebago Volunteer EMS
630	Sebasticook Valley Hosp Amb	630	Sebasticook Valley Hosp Amb
633	Shapleigh Rescue Squad	633	Shapleigh Rescue Squad
975	Sidney Rescue	975	Sidney Rescue
640	Sipayik Ambulance Corps	640	Sipayik Ambulance Corps
966	SMCC First Response	966	SMCC First Response
982	Smithfield Rescue	982	Smithfield Rescue
650	So Berwick Emergency Amb Res	650	So Berwick Emergency Amb Res
978	So Bristol First Res Unit	978	So Bristol First Res Unit
655	So Portland Fire Rescue	655	So Portland Fire Rescue
660	So Thomaston Amb Svc	660	So Thomaston Amb Svc
963	Sorrento Rescue	963	Sorrento Rescue
605	St George Vol Firefighter Asso	605	St George Vol Firefighter Asso
670	Standish Emergency Med Ser	670	Standish Emergency Med Ser
981	Starks Rescue	981	Starks Rescue
672	Sterling Ambulance LLC	672	Sterling Ambulance LLC
986	Stetson Fire/Rescue	986	Stetson Fire/Rescue
900 675	Stockton Springs Ambulance Svc	900 675	
678	Stockton Springs Ambulance Svc Stoneham Rescue Service	678	Stockton Springs Ambulance Svc Stoneham Rescue Service
679	Stoneham Rescue/Waterford Base		Stoneham Rescue/Waterford Base
680		679 680	Sugarloaf Amb/Rescue
962	Sugarloaf Amb/Rescue Sullivan Fire Rescue	000	Suganuai Amb/Rescue
902	Sumvan Fire Resolle		

APPENDIX B

Town Codes

Town Codes

Androscoggin County

		Allai	loscoggin county				
01010	AUBURN	01060	LISBON	01110	POL	Δ ND	
01020	DURHAM	01070	LISBON LIVERMORE	01120	זאנזדי	VER.	
01020	CDEENE	01000	LIVERMORE FALLS	01120	TATATI	70	
01030	GREENE	01000	MECHANIC FALLS	01130	WALL	- D	~
01040	LEEDS	01090		01140	SABA	4.1.1.O?	5
01050	AUBURN DURHAM GREENE LEEDS LEWISTON	01100	MINOT				
		Ar	oostook County				
03010	ATITIAGASH	03510	PERHAM	03831	Т10	RO7	WELS
03010	AMITY	03510	DODUNCE INVE	03031	π1 0	DO0	MEIC
03020	ANITI	03320	FORTAGE LAKE	03032	110	ROO	METIS
03030	ASHLAND	03530	PRESQUE ISLE	03833	LIT	RO4	WELS
03040	BANCROFT	03540	REED PLT	03834	T11	RO7	WELS
03050	ALLAGASH AMITY ASHLAND BANCROFT BENEDICTA	03550	ST AGATHA	03835	T11	R08	WELS
03060	BLAINE	03560	ST FRANCIS	03836	T11	RO9	WELS
03070	BLAINE BRIDGEWATER	03570	ST JOHN PLT	03837	т11	R10	WELS
	03 D T D 011	~~=~~	a				
03000	CARIBOO	03300	CMADAIA	03030	m11	DIO	METC
03090	CARY PLT	03590	SMYRNA	03839	TII	R12	WELS
03100	CASTLE HILL	03600	STOCKHOLM	03840	T11	R13	WELS
03110	CASWELL PLT	03610	VAN BUREN	03841	T11	R14	WELS
03120	CHAPMAN	03620	WADE	03842	T11	R15	WELS
03130	CRYSTAL	03630	WALLAGRASS PLT	03843	т11	R16	WELS
03140	CVP DI.T	03640	WACHRIDN	03811	T11	D17	WEI.C
03170	CIK FUI	03040	WEGNETELD	03045	m10	DO7	METC
03150	CARIBOU CARY PLT CASTLE HILL CASWELL PLT CHAPMAN CRYSTAL CYR PLT DYER BROOK E PLT	03650	WESIFIELD	03845	112	RU/	MELS
03 ± 00		0000		00010		1000	"""
03170	EAGLE LAKE	03670	WESTON	03847	T12	R09	WELS
03180	EASTON	03680	WINTERVILLE PLT	03848	T12	R10	WELS
03190	FORT FAIRFIELD	03690	WOODLAND	03849	T12	R11	WELS
03200	FORT KENT	03801	BIG TWENTY TWP	03850	T12	R12	WELS
03210	FRENCHVILLE	03802	CONNOR TWP	03851	Т12	R13	WELS
03330	EASTON FORT FAIRFIELD FORT KENT FRENCHVILLE GARFIELD PLT	03803	COX DATENT	03852	т12	D1/	WEI.C
03220	CLENWOOD DIE	03003	DIDI EX THD	03032	m10	D1E	MELC
03230	GLENWOOD PLT GRAND ISLE	03804	DODLEY IWP	03853	112	RIS	WELS
03240	GRAND ISLE	03805	FORKSTOWN TWP	03854	1.1.2	RI6	WELS
03250	HAMLIN	03806	MOLUNKUS TWP	03855	T12	R17	WELS
03260	HAMMOND	03807	NO YARMOUTH ACAD	03856	T13	RO5	WELS
03270	HAYNESVILLE		GRANT	03857	T13	R07	WELS
03280	HERSEY	03808	ST CROIX TWP	03858	T13	R08	WELS
03290	HODGDON	03809	SILVER RIDGE TWP	03859	T13	R09	WELS
03300	HOULTON	03810	SOLIAPAN TWP	03860	т13	R10	WELS
03300	TGIAND FALLS	03010	IIDDED WOTTINKIIG	03000	т13	D11	WELS
03310	HAMLIN HAMMOND HAYNESVILLE HERSEY HODGDON HOULTON ISLAND FALLS	03011	TWP	03862	m13	D10	METC
03320	TIMESIONE		IWE	03002	113	KIZ	WELLS
	LORING AFB		WEBBERTOWN TWP	03863			
	LINNEUS		TA RO2 WELS	03864			
03340	LITTLETON	03814	TC RO2 WELS	03865	T13	R15	WELS
03350	LUDLOW	03815	TD R02 WELS	03866	T13	R16	WELS
03360	MACWAHOC PLT	03816	T01 R05 WELS	03867	T14	R05	WELS
03370	MADAWASKA	03817	T02 R04 WELS	03868	T14	R06	WELS
	MAPLETON		T03 R03 WELS	03869			
	MARS HILL		T03 R04 WELS	03870			
	MASARDIS		T04 R03 WELS	03871			
	MERRILL		T07 R05 WELS	03872			
03420	MONTICELLO	03822	T08 R03 WELS	03873	T14	R11	WELS
03430	MORO PLT	03823	T08 R05 WELS	03874	T14	R12	WELS
03440	NASHVILLE PLT	03824	T09 R03 WELS	03875	T14	R13	WELS
	NEW CANADA		T09 R04 WELS	03876			
	NEW LIMERICK		T09 R05 WELS	03877			
				03877			
	NEW SWEDEN		T09 R07 WELS				
	OAKFIELD		T09 R08 WELS	03879			
	ORIENT		T10 RO3 WELS	03880			
03500	OXBOW PLT	03830	T10 RO6 WELS	03881	T15	R08	WELS

	Aroostook (cont.)	
03882 T15 R09 WELS	03891 T16 R06 WELS	03900 T17 R12 WELS
03883 T15 R10 WELS	03892 T16 R08 WELS	03901 T17 R13 WELS
03884 T15 R11 WELS	03893 T16 R09 WELS	03902 T17 R14 WELS
03885 T15 R12 WELS	03894 T16 R12 WELS	03903 T18 R10 WELS
03886 T15 R13 WELS	03895 T16 R13 WELS	03904 T18 R11 WELS
03887 T15 R14 WELS	03896 T16 R14 WELS	03905 T18 R12 WELS
03888 T15 R15 WELS	03897 T17 R03 WELS	03906 T18 R13 WELS
03889 T16 R04 WELS	03898 T17 R04 WELS	03907 T19 R11 WELS
03890 T16 R05 WELS	03899 T17 R05 WELS	03908 T19 R12 WELS
	Cumbanland Country	
05010 BALDWIN	Cumberland County 05090 GORHAM	05180 POWNAL
05020 BRIDGTON	05100 GRAY	05190 FOWNAL 05190 RAYMOND
05030 BRUNSWICK	05110 GRAT 05110 HARPSWELL	05200 SCARBOROUGH
05040 CAPE ELIZABETH	05120 HARRISON	05210 SEBAGO
05050 CASCO	05125 LONG ISLAND	05220 SOUTH PORTLAND
05060 CUMBERLAND	05130 NAPLES	05230 STANDISH
05070 FALMOUTH	05140 NEW GLOUCESTER	05240 WESTBROOK
05080 FREEPORT	05150 NORTH YARMOUTH	05250 WINDHAM
05085 FRYE ISLAND	05170 PORTLAND	05260 YARMOUTH
00010 2000	Franklin County	00010 WIDDW WID
07010 AVON	07160 RANGELEY PLT	07812 KIBBY TWP
07018 CARRABASSETT	07170 SANDY RIVER PLT	07813 LANG TWP
VALLEY 07020 CARTHAGE	07180 STRONG 07190 TEMPLE	07814 LOWELLTOWN TWP 07815 MASSACHUSETTS
07020 CARTHAGE 07030 CHESTERVILLE	07200 WELD	GORE
07040 COPLIN PLT	07210 WELD 07210 WILTON	07816 MERRILL STRIP
07050 DALLAS PLT	07801 ALDER STREAM TWP	07817 MERRILL SIRIF
07060 EUSTIS	07802 BEATTIE TWP	07818 PERKINS TWP
07070 FARMINGTON	07803 CHAIN OF PONDS	07819 REDINGTON TWP
07080 INDUSTRY	TWP	07820 SALEM TWP
07090 JAY	07804 COBURN GORE	07821 SEVEN PONDS TWP
07100 KINGFIELD	07805 TOWNSHIP D	07822 SKINNER TWP
07110 MADRID	07806 DAVIS TWP	07823 STETSONTOWN TWP
07120 NEW SHARON	07807 TOWNSHIP E	07825 TIM POND TWP
07130 NEW VINEYARD	07808 FREEMAN TWP	07826 TOWNSHIP 6
07140 PHILLIPS	07809 GORHAM GORE	07827 WASHINGTON TWP
07150 RANGELEY	07811 JIM POND TWP	07828 WYMAN TWP
	Wan as also Country	
09010 AMHERST	Hancock County 09190 FRENCHBORO	09370 WINTER HARBOR
09020 AURORA	09200 MARIAVILLE	09801 T03 ND
09030 BAR HARBOR	09210 MOUNT DESERT	09802 T04 ND
09040 BLUE HILL	09220 ORLAND	09803 T07 SD
09050 BROOKLIN	09230 OSBORN	09804 T08 SD
09060 BROOKSVILLE	09240 OTIS	09805 T09 SD
09070 BUCKSPORT	09250 PENOBSCOT	09806 T10 SD
09080 CASTINE	09260 SEDGWICK	09807 T16 MD
09090 CRANBERRY ISLES		09808 T22 MD
09100 DEDHAM	09280 SOUTHWEST HARBOR	09809 T28 MD
09110 DEER ISLE	09290 STONINGTON	09810 T32 MD
09120 EASTBROOK	09300 SULLIVAN	09811 T34 MD
09130 ELLSWORTH	09310 SURRY	09812 T35 MD
09140 FRANKLIN	09320 SWANS ISLAND	09813 T39 MD
09150 GOULDSBORO	09330 TREMONT	09814 T40 MD
09160 GREAT POND PLT	09340 TRENTON	09815 T41 MD
09170 HANCOCK	09350 VERONA	
09180 LAMOINE	09360 WALTHAM	

	Kennebec County	
11010 ALBION	11110 HALLOWELL	11210 SIDNEY
11020 AUGUSTA	11120 LITCHFIELD	11220 VASSALBORO
11030 BELGRADE	11130 MANCHESTER	11230 VIENNA
11040 BENTON	11140 MONMOUTH	11240 WATERVILLE
11050 CHELSEA	11150 MOUNT VERNON	11250 WAYNE
11060 CHINA	11160 OAKLAND	11260 WEST GARDINER
11070 CLINTON	11170 PITTSTON	11270 WINDSOR
11080 FARMINGDALE	11180 RANDOLPH	11280 WINSLOW
11090 FAYETTE	11190 READFIELD	11290 WINTHROP
11100 GARDINER	11200 ROME	11801 UNITY TWP
	Knox County	
13010 APPLETON	13070 MATINICUS ISLE	13130 SOUTH THOMASTON
13020 CAMDEN	PLT	13140 THOMASTON
13030 CUSHING	13080 NORTH HAVEN	13150 UNION
13040 FRIENDSHIP	13090 OWLS HEAD	13160 VINALHAVEN
13050 HOPE	13100 ROCKLAND	13170 WARREN
13060 ISLE AU HAUT	13110 ROCKPORT	13180 WASHINGTON
	13120 ST GEORGE	13801 CRIEHAVEN
	Lincoln County	
15010 ALNA	15080 EDGECOMB	15150 SOUTHPORT
15020 BOOTHBAY	15090 JEFFERSON	15160 WALDOBORO
15030 BOOTHBAY HARBOR	15100 MONHEGAN PLT	15170 WESTPORT
15040 BREMEN	15110 NEWCASTLE	15180 WHITEFIELD
15050 BRISTOL	15120 NOBLEBORO	15190 WISCASSET
15060 DAMARISCOTTA	15130 SOMERVILLE	15801 HIBBERTS GORE
15070 DRESDEN	15140 SOUTH BRISTOL	
17010 ANDOMED	Oxford County	15004 ANDOUGD II
17010 ANDOVER	17210 NORWAY	17804 ANDOVER W
17020 BETHEL	17217 OTISFIELD	SURPLUS
17030 BROWNFIELD	17220 OXFORD	17805 BATCHELDERS
17040 BUCKFIELD 17050 BYRON	17230 PARIS 17240 PERU	GRANT 17806 BOWMANTOWN TWP
17050 BIRON 17060 CANTON	17240 PERU 17250 PORTER	17806 BOWMANTOWN TWP 17807 C SURPLUS
17070 DENMARK 17080 DIXFIELD	17260 ROXBURY	17808 GRAFTON TWP 17809 LOWER CUPSUPTIC
	17270 RUMFORD	
17090 FRYEBURG 17100 GILEAD	17280 STONEHAM	TWP 17810 LYNCHTOWN TWP
17100 GILEAD 17110 GREENWOOD	17290 STOW 17300 SUMNER	17810 LYNCHIOWN TWP 17811 MASON TWP
17110 GREENWOOD 17120 HANOVER	17310 SUMNER 17310 SWEDEN	17811 MASON IWP 17812 MILTON TWP
17120 HANOVER 17130 HARTFORD	17310 SWEDEN 17320 UPTON	17812 MILION IWP 17813 OXBOW TWP
17130 HARTFORD 17140 HEBRON	17320 OPION 17330 WATERFORD	17813 OXBOW IWP 17814 PARKERTOWN TWP
17140 HEBRON 17150 HIRAM	17340 WEST PARIS	17815 PARMACHENEE TWP
17160 HIRAM 17160 LINCOLN PLT	17340 WEST PARTS 17350 WOODSTOCK	17816 RICHARDSONTOWN
17170 LOVELL	17801 ADAMSTOWN TWP	TWP
17170 LOVELL 17180 MAGALLOWAY PLT		
17180 MAGALLOWAY PLI 17190 MEXICO	17802 ALBANY TWP 17803 ANDOVER N	17817 RILEY TWP 17818 TOWNSHIP C
17190 MEXICO 17200 NEWRY	SURPLUS	17818 TOWNSHIP C 17819 UPPER CUPSUPTIC
17200 NEWRI	SURFILOS	17019 OFFER COPSOFIIC
	Penobscot County	
19010 ALTON	19090 CHARLESTON	19170 EAST MILLINOCKET
19020 BANGOR	19100 CHESTER	19180 EDDINGTON
19030 BRADFORD	19110 CLIFTON	19190 EDINBURG
19040 BRADLEY	19120 CORINNA	19200 ENFIELD
19050 BREWER	19130 CORINTH	19210 ETNA
19060 BURLINGTON	19140 DEXTER	19220 EXETER
19070 CARMEL	19150 DIXMONT	19230 GARLAND
19080 CARROLL PLT	19160 DREW PLT	19240 GLENBURN
	33	

| Penobscot (cont.) | 19250 | GRAND FALLS PLT | 19510 | PASSADUMKEAG | 19811 | SOLDIERTOWN TWP | 19260 | GREENBUSH | 19520 | PATTEN/KVHC | 19812 | SUMMIT TWP | 19270 | GREENFIELD | 19530 | PLYMOUTH | 19813 | VEAZIE | GORE | 19280 | HAMPDEN | 19540 | PRENTISS PLT | 19814 | TA RO7 | WELS | 19290 | HERMON | 19550 | SEBOEIS PLT | 19815 | TO1 | RO6 | WELS | 19300 | HOLDEN | 19560 | SPRINGFIELD | 19816 | TO1 | RO8 | WELS | 19310 | HOWLAND | 19570 | STACTVILLE | 19817 | TO2 | RO8 | NWP | 19320 | HUDSON | 19580 | STETSON | 19818 | TO2 | RO8 | WELS | 19330 | KENDUSKEAG | 19590 | VEAZIE | 19819 | TO2 | RO9 | NWP | 19340 | LAGRANGE | 19600 | WEBSTER PLT | 19820 | TO3 | RO1 | NBPP | 19350 | LAKEVILLE PLT | 19610 | WINN | 19821 | TO3 | RO7 | WELS | 19360 | LEE | 19620 | WOODVILLE | 19822 | TO3 | RO7 | WELS | 19370 | LEVANT | 19630 | INDIAN | IS PNB | 19823 | TO3 | RO9 | NWP | 19380 | LINCOLN | IND | RS | 19824 | TO4 | RO7 | WELS | 19490 | MATTAWAMKEAG | 19802 | GRINDSTONE | TWP | 19825 | TO5 | RO7 | WELS | 19430 | MILFORD | GRANT | 19828 | TO5 | RO8 | WELS | 19430 | MILFORD | GRANT | 19828 | TO5 | RO8 | WELS | 19440 | MELMAY | 19804 | HOPKINS | ACAD | 19828 | TO5 | RO8 | WELS | 19440 | MILLINOCKET | 19806 | T3 | INDIAN | 19830 | TO6 | RO7 | WELS | 19450 | MT | CHASE | PURCHASE | 19831 | TO6 | RO8 | WELS | 19450 | MT | CHASE | PURCHASE | 19831 | TO6 | RO8 | WELS | 19450 | MT | CHASE | PURCHASE | 19831 | TO6 | RO8 | WELS | 19450 | MT | CHASE | PURCHASE | 19831 | TO6 | RO8 | WELS | 19450 | MT | CHASE | PURCHASE | 19831 | TO6 | RO8 | WELS | 19450 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A TWP | 19835 | TO8 | RO6 | WELS | 19490 | ORONO | 19809 | LONG | A T Penobscot (cont.) | Piscataquis County | 21806 DAYS ACADEMY | 21830 TB R10 WELS | 21020 ATKINSON | GRANT | 21831 TB R11 WELS | 21030 BARNARD PLT | 21807 EAGLE LAKE TWP | 21833 TO1 R09 WELS | 21037 BEAVER COVE | 21808RE MIDDLESEX | 21834 TO1 R10 WELS | 21040 BLANCHARD PLT | CANAL G | 21835 TO1 R11 WELS | 21050 BOWERBANK | 21809 FRENCHTOWN TWP | 21836 TO1 R12 WELS | 21060 BROWNVILLE | 21811 HARFORDS POINT | 21837 TO2 R09 WELS | 21070 DOVER-FOXCROFT | TWP | 21838 TO2 R10 WELS | 21080 ELLIOTTSVILLE | 21812 KATAHDIN IRN WKS | 21839 TO2 R10 WELS | 21090 GREENVILLE | 21813 KINEO TWP | 21840 TO2 R13 WELS | 21100 GUILFORD | 21814 TO1 R13 WELS | 21842 TO3 R11 WELS | 21100 GUILFORD | 21814 TO1 R13 WELS | 21842 TO3 R11 WELS | 21120 LAKE VIEW PLT | 21816 MOOSEHEAD | 21844 TO3 R12 WELS | 21130 MEDFORD | 21817 LOBSTER TWP | 21846 TO4 R09 WELS | 21150 MONSON | 21818 MT KATAHDIN TWP | 21847 TO4 R09 WELS | 21160 PARKMAN | 21819 NESOURDNAHUNK | 21847 TO4 R10 WELS | 21160 PARKMAN | 21819 NESOURDNAHUNK | 21847 TO4 R10 WELS | 21190 SHIRLEY | TWP | 21851 TO4 R14 WELS | 21190 SHIRLEY | TWP | 21851 TO4 R14 WELS | 21190 SHIRLEY | TWP | 21851 TO4 R14 WELS | 21200 WELLINGTON | 21821 ORNEVILLE TWP | 21851 TO4 R14 WELS | 21190 SHIRLEY | TWP | 21851 TO4 R14 WELS | 21200 WELLINGTON | 21822 RAINBOW TWP | 21851 TO4 R14 WELS | 21200 WELLINGTON | 21823 SHAWTOWN TWP | 21855 TO5 R11 WELS | 21802 BOWDOIN COL GR | 21823 SHAWTOWN TWP | 21856 TO5 R12 WELS | 21803 BOWDOIN COL GR | 21824 SOPER MOUNTAIN | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21857 TO5 R14 WELS | 21803 BOWDOIN Piscataquis County EAST TWP 21857 T05 R14 WELS 21803 BOWDOIN COL GR WEST 21826 TROUT BROOK TWP 21859 T06 R10 WELS 21804 CHESUNCOOK TWP 21827 WILLIAMSBURG TWP 21860 T06 R11 WELS 21805 COVE POINT TWP 21828 TA R10 WELS 21862 T06 R13 WELS

		D÷.	ggataguig (gont)					
21062	T06 R14 WELS		scataquis (cont.) T07 R15 WELS	21002	T09 R13 WELS			
	T06 R14 WELS		TO8 RO9 WELS		T09 R14 WELS			
	TOT ROS NWP		T08 R10 WELS		T09 R14 WELS			
	T07 R09 WELS		T08 R11 WELS		T10 R09 WELS			
	TO7 R10 WELS		T08 R14 WELS		T10 R09 WELS			
	T07 R10 WELS		T08 R15 WELS		T10 R10 WELS			
	T07 R12 WELS		T09 R09 WELS		T10 R12 WELS			
	TO7 R13 WELS		T09 R10 WELS		T10 R12 WELS			
	TO7 R14 WELS		T09 R11 WELS		T10 R13 WELS			
21071	107 KII WALO		T09 R12 WELS		T10 R15 WELS			
Sagadahoc County								
23010	ARROWSIC		GEORGETOWN	23090	WEST BATH			
23020	BATH	23060	PHIPPSBURG	23100	WOOLWICH			
23030	BOWDOIN	23070	RICHMOND	23801	PERKINS TWP			
23040	BOWDOINHAM	23080	TOPSHAM					
		S	omerset County					
25010	ANSON	25806	BALD MTN TWP	25841	PITTSTON ACAD			
25020	ATHENS		T4R3		GRANT			
25030	BINGHAM	25807	BIGELOW TWP	25842	PLYMOUTH TWP			
25040	BRIGHTON PLT	25808	BIG SIX TWP	25843	PRENTISS TWP			
25050	CAMBRIDGE	25809	BIG TEN TWP	25844	ROCKWOOD STRIP			
25060	CANAAN	25810	BIG W TWP	25845	ROCKWOOD STRIP			
25070	CARATUNK	25811	BLAKE GORE	25846	RUSSELL POND TWP			
25080	CORNVILLE	25812	BOWTOWN TWP	25847	ST JOHN TWP			
	DENNISTOWN PLT	25813	BRADSTREET TWP	25848	SANDBAR TRACT			
25100	DETROIT	25814	BRASSUA TWP	25849	SANDWICH ACAD			
25110	EMBDEN	25815	CARRYING PLC TWN		GRANT			
	FAIRFIELD		TWP		SANDY BAY TWP			
	HARMONY		CHASE STREAM TWP		SAPLING TWP			
	HARTLAND		COMSTOCK TWP		SEBOOMOOK TWP			
	HIGHLAND PLT		CONCORD TWP		SOLDIERTOWN TWP			
	JACKMAN		DEAD RIVER TWP		SQUARETOWN TWP			
	MADISON		DOLE BROOK TWP		THORNDIKE TWP			
	MERCER		EAST MOXIE TWP		TOMHEGAN TWP			
	MOOSE RIVER		ELM STREAM TWP	25858	UPPER ENCHANTED			
	MOSCOW		FLAGSTAFF TWP		TWP			
	NEW PORTLAND		FORSYTH TWP	25859	W MIDDLESEX			
	NORRIDGEWOCK		HAMMOND TWP	25060	CANAL GR			
	PALMYRA		HOBBSTOWN TWP	25860	CARRYING PLACE			
			HOLEB TWP	05061	TWP			
25250	PLEASANT RIDGE	25828	INDIAN STREAM		T03 R04 BKP WKR T03 R05 BKP WKR			
25260	PLT	25020	TWP					
	RIPLEY	25829	JOHNSON MOUNTAIN		T04 R05 NBPK T04 R17 WELS			
	ST ALBANS SKOWHEGAN	25020	TWP KING & BARTLETT		T05 R06 BKP WKR			
	SMITHFIELD	∠ 5830	TWP		T05 R06 BKP WKR			
		25021			T05 R07 BRP WKR			
	SOLON STARKS		LEXINGTON TWP LITTLE W TWP		T05 R17 WELS			
	THE FORKS PLT		LONG POND TWP		T05 R10 WELS			
	WEST FORKS PLT		LOWER ENCHANTED		TOS RIG WELS			
	ALDER BROOK TWP	25054	TWP		T06 R17 WELS			
		25225	MAYFIELD TWP		T06 R17 WELS			
	TAUNTON &		MAIFIELD IWP MISERY TWP		T07 R16 WELS			
∠3003	RAYNHAM		MISERY GORE		TO7 R16 WELS			
25004	ATTEAN TWP		MOXIE GORE		TO7 R18 WELS			
	BALD MTN TWP		PARLIN POND TWP		TO7 R19 WELS			
23003	T2R3		PIERCE POND TWP		TO8 R16 WELS			
	1210	25040	I THICH I OND IME	25011	TOO KTO METED			

	Somerset (cont.)	
25878 T08 R17 WELS	25880 T08 R19 WELS	25882 T09 R17 WELS
25879 T08 R18 WELS	25881 T09 R16 WELS	25883 T09 R18 WEES
		25884 T10 R16 WELS
	Waldo County	
27010 BELFAST	27100 LIBERTY	27190 SEARSPORT
27020 BELMONT	27110 LINCOLNVILLE	27200 STOCKTON SPRINGS
27030 BROOKS	27120 MONROE	27210 SWANVILLE
27040 BURNHAM	27130 MONTVILLE	27220 THORNDIKE
27050 FRANKFORT	27140 MORRILL	27230 TROY
27060 FREEDOM	27150 NORTHPORT	27240 UNITY
27070 ISLESBORO	27160 PALERMO	27250 WALDO
27080 JACKSON	27170 PROSPECT	27260 WINTERPORT
27090 KNOX	27180 SEARSMONT	
	Washington County	
29010 ADDISON	29280 MACHIASPORT	29807 FOWLER TWP
29020 ALEXANDER	29290 MARSHFIELD	29808 KOSSUTH TWP
29030 BAILEYVILLE	29300 MEDDYBEMPS	29809 LAMBERT LAKE TWP
29040 BARING PLT	29310 MILBRIDGE	29810 MARION TWP
29050 BEALS	29320 NORTHFIELD	29811 TRESCOTT TWP
29060 BEDDINGTON	29330 NO 14 PLT	29812 T05 ND BPP
29070 CALAIS	29340 NO 21 PLT	29813 T06 ND BPP
29080 CENTERVILLE	29350 PEMBROKE	29814 T06 R01 NBPP
29090 CHARLOTTE	29360 PERRY	29815 T08 R03 NBPP
29100 CHERRYFIELD	29370 PRINCETON	29816 T08 R04 NBPP
29110 CODYVILLE PLT	29380 ROBBINSTON	29817 T11 R03 NBPP
29120 COLUMBIA	29390 ROQUE BLUFFS	29818 T18 ED BPP
29130 COLUMBIA FALLS	29400 STEUBEN	29819 T18 MD BPP
29140 COOPER	29410 TALMADGE	29820 T19 ED BPP
29150 CRAWFORD	29420 TOPSFIELD	29821 T19 MD BPP
29160 CUTLER	29430 VANCEBORO	29822 T24 MD BPP
29170 DANFORTH	29440 WAITE	29823 T25 MD BPP
29180 DEBLOIS	29450 WESLEY	29824 T26 ED BPP
29190 DENNYSVILLE	29460 WHITING	29825 T27 ED BPP
29200 EAST MACHIAS	29470 WHITNEYVILLE	29826 T30 MD BPP
29210 EASTPORT	29480 PLEASANT PT IND	29827 T31 MD BPP
29220 GRAND LAKE	RES	29828 T36 MD BPP
STREAM PL	29801 BROOKTON TWP	29829 T37 MD BPP
29230 HARRINGTON	29802 DEVEREAUX TWP	
29240 JONESBORO	29803 DYER TWP	29831 T43 MD BPP
29250 JONESPORT	29804 EDMUNDS TWP	29832 INDIAN TWP ST
29260 LUBEC	29805 FOREST TWP	IND RS
29270 MACHIAS	29806 FOREST CITY TWP	
	York County	
31010 ACTON	31120 KENNEBUNKPORT	
31020 ALFRED	31130 KITTERY	31210 PARSONSFIELD
31030 ARUNDEL	31140 LEBANON	31220 SACO
31040 BERWICK	31150 LIMERICK	31230 SANFORD
31050 BIDDEFORD	31160 LIMINGTON	31240 SHAPLEIGH
31060 BUXTON	31170 LYMAN	31250 SOUTH BERWICK
31070 CORNISH	31180 NEWFIELD	31260 WATERBORO
31080 DAYTON	31190 NORTH BERWICK	
31090 ELIOT	31197 OGUNQUIT	31280 YORK
31100 HOLLIS	31200 OLD ORCHARD	
31110 KENNEBUNK	BEACH	

Out of State

APPENDIX C

ID Codes For Maine Hospitals and Other Destinations

ID Codes for Maine Hospitals and Other Destinations

- ID# NAME
- 001 ST. JOSEPH BANGOR
- 002 MILES MEMORIAL DAMARISCOTTA
- 003 MILLINOCKET REGIONAL HOSPITAL
- 004 ACADIA HOSPITAL BANGOR
- 006 ST. ANDREWS BOOTHBAY HARBOR
- 007 BRIDGTON HOSPITAL
- 008 MERCY HOSPITAL PORTLAND
- 009 MAINE MEDICAL CENTER PORTLAND
- 010 NEW ENGLAND REHAB HOSP OF PORTLAND
- 012 REDINGTON-FAIRVIEW GEN HOSP SKOWHEGAN
- 013 WALDO COUNTY GEN. HOSP BELFAST
- 015 MAINE GENERAL MEDICAL CENTER AUGUSTA
- 016 RUMFORD HOSPITAL
- 018 TAMC PRESQUE ISLE
- 019 SOUTHERN MAINE MED CTR BIDDEFORD
- 020 YORK HOSPITAL
- 023 C A DEAN GREENVILLE
- 024 CENTRAL MAINE MED CTR LEWISTON
- 025 PARKVIEW MEMORIAL HOSPITAL BRUNSWICK
- 026 HOULTON REGIONAL HOSPITAL
- 027 DOWNEAST COMMUNITY MACHIAS
- 028 SEBASTICOOK VALLEY HOSP PITTSFIELD
- 031 CARY MEDICAL CENTER CARIBOU
- 032 STEPHENS MEMORIAL HOSPITAL NORWAY
- 033 EASTERN MAINE MED CTR BANGOR
- 034 ST MARY'S REG MED CTR LEWISTON
- 037 FRANKLIN MEMORIAL HOSP FARMINGTON
- 038 MOUNT DESERT ISLAND HOSP BAR HARBOR
- 039 MAINEGENERAL MEDICAL CENTER-WATERVILLE
- 040 HENRIETTA D GOODALL SANFORD
- 041 INLAND HOSPITAL WATERVILLE
- 043 MERCY WESTBROOK
- 044 MID COAST HOSPITAL BRUNSWICK
- 050 MAINE COAST MEMORIAL HOSP ELLSWORTH
- 051 BLUE HILL MEMORIAL HOSP
- 052 NORTHERN MAINE MED CTR FT KENT
- 055 CALAIS REGIONAL HOSPITAL
- 056 AUGUSTA MENTAL HEALTH INST
- 057 BANGOR MENTAL HEALTH INST
- 062 PENOBSOT VALLEY HOSPITAL LINCOLN
- 063 PENOBSCOT BAY MED CTR ROCKPORT
- 066 MAYO REGIONAL HOSPITAL DOVER-FOXCROFT
- 067 SPRING HARBOR SOUTH PORTLAND
- 104 NO TRANSPORT
- 114 OTHER (ANOTHER SERVICE, AIRPORT, FUNERAL HOME)
- 158 PRIVATE PHYSICIAN
- 159 HEALTH CENTER (MRI, DIALYSIS, RURAL HEALTH CTR)
- 165 NURSING HOME (NH, HCF, CC, HCC, NCF)
- 166 HOME
- 167 MENTAL HEALTH IPU (OTHER THAN AMHI/BMHI)
- 168 VETERANS ADMINISTRATION TOGUS (CHELSEA)
- 170 BRUNSWICK NAVAL AIR STATION
- 177 ROUND TRIP
- 188 MID-ROUTE EXCHANGE
- 199 OUT OF STATE HOSP

APPENDIX D

24 – Hour Clock (Military Time)

24 -HOUR CLOCK (MILITARY TIME)

1 a.m. = 0100	1 p.m. = 1300
2 a.m. = 0200	2 p.m. = 1400
3 a.m. = 0300	3 p.m. = 1500
4 a.m. = 0400	4 p.m. = 1600
5 a.m. = 0500	5 p.m. = 1700
6 a.m. = 0600	6 p.m. = 1800
7 a.m. = 0700	7 p.m. = 1900
8 a.m. = 0800	8 p.m. = 2000
9 a.m. = 0900	9 p.m. = 2100
10 a.m. = 1000	10 p.m. = 2200
11 a.m. = 1100	11 p.m. = 2300
Noon = 1200	Midnight = 2400

For example:

Call received	2:45 p.m. = 1445	11:45 p.m. = 2345
Enroute	2:46 p.m. = 1446	11:46 p.m. = 2346
At scene	2:52 p.m. = 1452	11:52 p.m. = 2352
From scene	3:10 p.m. = 1510	11:58 p.m. = 2358
At destination	3:20 p.m. = 1520	12:05 a.m. = 0005
In service	3:40 p.m. = 1540	12:15 a.m. = 0015

APPENDIX E

Non-EMS Licensed Personnel Codes

NON-EMS LICENSED PERSONNEL CODES

Please use the following number ranges to identify people who do not have a Maine EMS license number and who participate in a call and/or assist with patient care.

Physician	99900-99909
RN/LPN/Nurses Aide	99910-99919
Physician's Assistant	99920-99929
Other Allied Health	99930-99939
Firefighter	99940-99959
Police Officer	99960-99969
Driver	99970-99998
Other	99999

You may use these numbers in the manner that best suits your needs. The numbers you use will be reflected in the quarterly and annual reports sent to your service.

For example, you may assign a driver number to each different driver you use (up to the 29 numbers available in the above range) or you may assign one driver number to indicate all drivers.

APPENDIX F

Glasgow Coma Scale &
Injury/Illness Site Codes

Glasgow Coma Scale

Eye	Spontaneous	4	
Opening	To Voice	3	
	To Pain	2	
	None	1	
Verbal	Oriented	5	
Response	Confused	4	Patient's best verbal response
	Inappropriate Words	3	Responds to commands or
	Incomprehensible Sounds	2	painful stimulus
Motor	Obeys Commands	6	
Response	Localizes Pain	5	
	Withdraws (Pain)	4	Patient's best verbal response
	Flexion (Pain)	3	Responds to commands or
	Extension (Pain)	2	painful stimulus
	None	1	
	Total GCS Score	3-15	

Site Codes

- 00 Home
- 01 Farm
- 02 Mine/Quarry
- 03 Industrial (Mill, Warehouse, Manufacturing Facility, etc.)
- 04 Place of Recreation
- 05 Street or Highway
- 06 Public Building
- 07 Residential Institution (Jail, AMHI, in institution in which it is not usually the persons choice to be there)
- 08 Other
- 09 Unknown
- 10 Hospital
- 15 Nursing Home
- 20 School (*Inside a building*)
- 21 School (Outside a building)
- 30 Business (Other than Farm, Mine/Quarry, Industrial)
- 35 Forest/Wood
- 91 Outpatient Facility (A diagnostic testing or treatment facility in which the patient is seen or treated for a specific purpose and not admitted for continued care, such as MRI, Dialysis, etc.)
- 94 Doctor's Office

APPENDIX G

Medication Codes

MAINE STATE MEDICATIONS AND NUMBERS

Med #	Medication	Med #	Medication
01	Activated Charcoal	57	Cardizem
02	Adenosine	58	Procainamide
03	Albuterol	59	Antibiotics
04	Aspirin	60	Glycoprotein IIb/IIIa Platelet Inhibitors
05	Atropine	61	Haldoperidol
06	Bretylium	62	Lorazepam
07	Cyanide poisoning kit contents	63	Midazolam (Versed)
08	Dextrose (D10)	64	Morphine Drip
09	Dextrose (D50)	65	H2 Blocker
10	Diazepam	66	Proton Pump Inhibitors
11	Diphenhydramine	67	Somatostatin Analogues
12	Dopamine	70	Amidate
13	Epinephrine (1:1000)	71	Amiodarone
14	Epinephrine (1:10,000)	72	Amotidine
15	Furosemide	73	Atrovent
16	Glucagon	74	Butorphanol
17	Lidocaine	75	Cefazolin
18	Magnesium Sulfate	76	Ceftriaxone
19	Meperidine	77	Dextrose (D25)
20	Morphine	78	Dexamethasone
21	Naloxone	79	Fetanyl
22	Promethazine	80	Labetalol
23	Sodium bicarbonate	81	Mannitol
24	Nitroglycerin (Non-parenteral)	82	Metaprolol
25	Nitrous Oxide	83	Nitroprusside
26	Terbutaline	84	Normal Saline or Sterile Saline
27	Thiamine	85	Phenobarbital
28	Epinephrine Autoinjector	86	Phenytoin
50	Heparin Drip	87	Prochlorperazine
51	Nitroglycerine Drip	88	Prostoglandin
52	Potassium	89	Racemic Ephinephrine
53	Vitamin Drip	90	Rocuronium
54	Dobutamine	91	Solumedrol
55	Insulin	92	Tetracaine
56	TPN	93	Vasotec

APPENDIX H

2004 Run Report Data Structure for PC Data Entry

2004 Ambulance Run Report Data Structure for PC Data Entry

Except for the first three "internal use" fields, all fields are stored as character strings, but may contain only digits (0-9) or blank.

Summary Listing

Field	Field Name	Туре	Width	Note
1	BATCH	Character	6	Internal use - data entry batch number
2	OP	Character	2	Internal use - Operator initials
3	DATE ENT	Date	8	Internal use - Date entered on PC
4	RUNRPTNO	Character	8	Run Report Number [Changed for 2001 from 6]
5	RDATE	Character	8	Run Date MMDDYYYY
6	DAI	Character	1	Day of Week, 1 through 7, 1 = Monday
7	AMBID	Character	3	Ambulance ID
8	INS1	Character	1	Insurance: Medicare
9	INS2	Character	1	Insurance: Medicaid
10	INS3	Character	1	Insurance: Insured
11	INS4	Character	1	Insurance: Other
12	INS5	Character	1	Insurance: Self-Pay
13	INS6	Character	1	Insurance: None
14	INS7	Character	1	Insurance: Unknown
15	HLOC	Character	5	Patient Residence: county/town code
16	AGE	Character	3	Patient Age, normally calculated from DOB
17	DOB	Character	8	Patient Date of Birth MMDDYYYY
18	SEX	Character	1	Sex, 1=Male 2=Female
19	ALOC	Character	5	Accident/Incident Location: county/town code
20	SITECODE	Character	2	Site where Illness/Injury occurred
21	ORIGHOSP	Character	3	Originating Hospital: Hospital Code
22	DEST	Character	3	Destination Code
23	EMT	Character	5	Crew License Number
24	EMT2	Character	5	Crew License Number
25	EMT3	Character	5	Crew License Number
26	EMT4	Character	5	Crew License Number
27	EMT5	Character	5	Crew License Number
28	EMT6	Character	5	Crew License Number
29	INJ1	Character	1	Injury Fields: Medical
30	INJ2	Character	1	Cardiac
31	INJ3	Character	1	Poisoning/OD
32	INJ4	Character	1	Respiratory
33	INJ5	Character	1	Behavioral
34	INJ6	Character	1	Diabetic
35	INJ7	Character	1	Seizure
36	INJ8	Character	1	CVA
37	INJ9	Character	1	OB/GYN
38	INJ10	Character	1	Other Illness
39	INJ11	Character	1	Cardiac Arrest/Code 99
40	INJ12	Character	1	Trauma
41	INJ13	Character	1	Multi Systems Trauma
42	INJ14	Character	1	Head
43	INJ15	Character	1	Spinal
44	INJ16	Character	1	Burn
45	INJ17	Character	1	Soft Tissue Injury
46	INJ18	Character	1	Fractures
47	INJ19	Character	1	Other Trauma
48	INJ20	Character	1	Concern Suicide
49	LUNGR	Character	1	Lung Sounds: Right
			_	J J -

2004 Ambulance Run Report Data Structure for PC Data Entry

Field	Field Name	Type	Width	Note
50	LUNGL	Character	1	Lung Sounds: Left
51	TYPRUN	Character	1	Type of Run (Values 1 - 7)
52	RECVT	Character	4	Time Call Received
53	SCENET	Character	4	Time of Arrival at Scene
54	FSCNT	Character	4	Time leaving Scene
55	DESTNT	Character	4	Time of Arrival at Destination
56	TIMEX	Character	4	Time - Vital Signs
57	TIMECODETO	Character	1	Response Code To Scene
58	TIMECODEFR	Character	1	Response Code From Scene
59	PULSE	Character	3	Pulse
60	RESP	Character	3	Respiration
61	BPSYS	Character	3	Blood Pressure - Systolic
62	BPDIA	Character	3	Blood Pressure - Diastolic
63	PUPIL	Character	1	Pupillary Response
64	SKIN	Character	1	Skin temperature, color, moisture level
65	VERB	Character	1	Verbal Response
66	MOTOR	Character	1	Motor Response
67	EYE	Character	1	Eye Opening Response
68	CAP	Character	1	Capillary Refill
69	MVA	Character	1	Motor Vehicle Accident (Values 1 - 8)
70	AOB	Character	1	Alcohol on Breath
71	BELTS	Character	1	Seat Belt Used
72	HELMET	Character	1	Helmet Worn
73	CHILDSEAT	Character	1	Childseat Used
74	AIRBAG	Character	1	Airbag Deployed
75	ASSIST	Character	3	Mutual Aid by/for another service
76	TRMT1	Character	1	Treatment Fields: Cleared Airway
77	TRMT2	Character	1	Artificial Resp/BVM
78	TRMT3	Character	1	Oropharyngeal Airway
79	TRMT4	Character	1	Nasopharyngeal Airway
80	TRMT5	Character	1	CPR
81	TRMT6	Character	1	Bystander CPR
82	TRMT7	Character	1	AED
83	TRMT8	Character	1	Suction
84	TRMT9	Character	1	Oxygen
85	TRMT10	Character	1	Pulse Oximetry
86	TRMT11	Character	1	Autovent
87	TRMT12	Character	1	Extrication
88	TRMT13	Character	1	Cervical Immob
89	TRMT14	Character	1	KED/Short Board
90	TRMT15	Character	1	Long Board
91	TRMT16	Character	1	Restraints
92	TRMT17	Character	1	Traction Splinting
93	TRMT18	Character	1	General Splinting
94	TRMT19	Character	1	Cold Application
95	TRMT20	Character	1	Blood Glucose
96	TRMT21	Character	1	Assist with Patient Meds
97	TRMT22	Character	1	Spinal Assessment Protocol
98	TRMT7TIME	Character	4	Time AED used
99	DRUGS	Character	1	Medication Administered
100	MED01	Character	2	Medication Code
101	MED02	Character	2	Medication Code
102	MED03	Character	2	Medication Code
103	MED04	Character	2	Medication Code
103	MED04 MED05	Character	2	Medication Code
105	MED05	Character	2	Medication Code
105	MEDTIME	Character	4	Medication Time
T00	THE	CITAL ACCEL	4	FICALCACTOII TIME

2004 Ambulance Run Report Data Structure for PC Data Entry

m3 - 3 - 3	m: -1.4 w	m	*** 3.4.3.	Water
Field	Field Name	Type	Width	<u>Note</u>
107	DEFIBKEY	Character	1	Defib/C-Vert performed, 1=Defib 2=CVert
108	DEFIB	Character	5	License Number of Crew performing Defib/C-
Vert				
109	DEFIBTIME	Character	4	Time of Defib/C-Vert
110	MEDCTL	Character	1	Medical Control
111	MONITOR	Character	1	Monitor
112	PACING	Character	1	Cardiac Pacing
113	CHESTDEC	Character	1	Chest Decompression
114	CRICOTH	Character	1	Cricothyrotomy
115	IV	Character	1	IV Attempt
116	IVLIC	Character	5	License number of crew attempting IV
117	PITRAN	Character	1	Paramedic Inter-Facility Transfer
118	ET	Character	1	ET attempt
119	ETLIC	Character	5	License number of crew attempting ET
120	DOCID	Character	4	Not currently used
121	TRANSRV	Character	3	Service number of transporting service
122	QAFLAG	Character	1	Internal use
123	RECSTAT	Character	1	Internal use
** Tot	al **		255	

Field Name	Type	Len	Note
RUNRPTNO (1)		8	Run Report Number [Changed for 2001 from 6]
Required fiel			
May not conta	_		
System Checks	tilat	IL IS I	not duplicated in the current batch
RDATE (2)	С	8	Run Date MMDDYYYY
Required fiel		J 10	
Month between Day within ra			ific month
-	_	_	entry year established by system configuration.
DAI (2a)	С	1	Day of Week, 1 through 7, 1 = Monday
Calculated by	the c	watem	
carcaracea by	CIIC D	y b c c iii .	
AMBID (3)	C	3	Ambulance ID
D ' 1 C' 1			
Required fiel		the amb	oulance reference file.
			s blanks it is padded at left with zero's.
11 1100 cmpc/,	240 0	011001111	s siamis to is paaded do lete with lete s.
INS1 (4)	С	1	Insurance: Medicare
INS2 (4)	C	1	Insurance: Medicaid
INS3 (4) INS4 (4)	C C	1 1	_
INS5 (4)	C	1	
INS6 (4)	С	1	
INS7 (4)	С	1	Insurance: Unknown
	-		
Optional Fiel 1 or blank.	ds.		
	the IN	S field	ds can contain a "1". If INS5, INS6, or INS7 is "1", the
others must a			as can concarn a 1 . II mes, mes, or me, is 1, one
		·	
HLOC (5)	С	5	Patient Residence: county/town code
Required if a	wailah	ما	
			county/town code present in reference file. 99999 = out of
			ent (but field is not entirely blank) it is padded at left
		_	

AGE (6) C
Required if available.

3

with zeros.

Normally calculated from DOB and RDATE. DOB may be bypassed and an age entered directly.

Patient Age, normally calculated from DOB

Field Name Type Len Note DOB C 8 Patient Date of Birth MMDDYYYY

Required if available.

When present month must be between 01 and 13 and day within range for specific month.

SEX (7) C 1 Sex, 1=Male 2=Female

Required if available.

1, 2 or blank.

SITECODE (8) C 2 Site where Illness/Injury occurred

Required if available.

Must be present in site code reference file.

ALOC (9) C 5 Accident/Incident Location: county/town code

Required field.

Valid county/town code present in reference file, or 99999 if out of state. Warning given is not present in a service-specific accident location file.

ORIGHOSP C 3 Originating Hospital: Hospital Code

Required if applicable.

Entered only when SITECODE is = 10. Warning given if not present in the destination file.

DEST (10) C 3 Destination Code

Required field.

Warning given if not present in a service-specific destination file.

If not a transporting service (AMBID > 840) then ID of transporting service is entered, but stored in the TRANSRV field.

EMT	(11)	С	5	Crew License Number
EMT2	(12)	С	5	Crew License Number
EMT3	(13)	С	5	Crew License Number
EMT4	(14)	С	5	Crew License Number
EMT5	(15)	С	5	Crew License Number
EMT6	(16)	С	5	Crew License Number

Required entry in at least one of the six fields.

Padded at left with zeros, if necessary.

No license number may be duplicated.

Must be present in statewide crew file, but may be added to that file interactively.

Warning given if not present in a service-specific crew file but may be added to that file interactively. Warning given if no entry made in any of the six fields, enter 99999

License numbers beginning with "999" are reserved for various special uses, and are always valid.

Field Name Type Len Note

INJ1 (17) C 1 Injury Fields: Medical (through)
INJ20

Required field for TYPRUN 1 or 3.

Stored as 0 or 1. Entered through a special routine where values between 01 and 20 are entered for all checked fields.

AOB/ETOH (18) C 1 Alcohol on Breath

Required when applicable. 1 or blank.

MVA (19) C 1 Motor Vehicle Accident (Values 1 - 8)

Required when applicable. 1 through 8 or blank.

BELTS (20) C 1 Seat Belt Used

Required when applicable. 1 through 3 or blank.

HELMET (21) C 1 Helmet Worn

Required when applicable. 1 or blank.

CHILDSEAT (22) C 1 Childseat Used

Required when applicable. 1 or blank.

AIRBAG (23) C 1 Airbag Deployed

Required when applicable. 1 or blank.

LUNGR (24) C 1 Lung Sounds: Right LUNGL C 1 Lung Sounds: Left

Required when applicable. 1 through 6 or blank.

Field Name Type Len Note
TYPRUN (25) C 1 Type of Run (Values 1 - 7)
Required field. If service is a non-transporting service (AMBID > 840) Must be 1, 4, 5, 6 or 7. If TRANSRV field = 104 then must be 4, 5, 6 or 7. Otherwise (i.e. a transporting service) Must be 4, 5, 6 or 7 if DEST = 104. Otherwise must be 1, 2 or 3.
RECVT (26) C 4 Time Call Received SCENET (27) C 4 Time of Arrival at Scene FSCNT (28) C 4 Time leaving Scene DESTNT (29) C 4 Time of Arrival at Destination
Required if available. Times are in military time format. Hours bet 00 and 24, minutes between 00 and 59. 00:00 is invalid, as is any entry for minutes other than 00 if hour = 24. May be blank, but if non blank then padded at left with zeros if necessary. If type of run is 1 or 3 (emergency) and time between call received and at scene is more than 20 minutes, then a warning is given. Otherwise, any time span of more than 30 minutes generates a warning. Times may not be out of sequence unless one is greater than 22:00 and the second is less than 02:00.
TIMECODETO (30)C 1 Response Code To Scene TIMECODEFR (31)C 1 Response Code From Scene
Required if applicable. 1, 3 or blank.
TIMEX (32) C 4 Time - Vital Signs
Required if available. Subject to the same format edits as the time fields above. If not within 60 minutes of the time as scene a warning is generated.
PULSE (33) C 3 Pulse
Required for emergency runs (TYPRUN 1 or 3). Between 0 and 250.
RESP (34) C 3 Respiration
Required for emergency runs (TYPRUN 1 or 3). Between 0 and 200.

<u>Field</u>	Name	Type	Len	Note
BPSYS	(35)	С	3	Blood Pressure - Systolic
BPDIA	(36)	С	3	Blood Pressure - Diastolic

Required for emergency runs (TYPRUN 1 or 3) unless taken by palpation, then only BPSYS is required.

Required if available for non-emergency runs and no transports. Between 0 and 300 for both of these fields.

PUPIL (37) C 1 Pupillary Response

Required if available.
1, 2, 3, 4, 8, 9 or blank.

SKIN (38) C 1 Skin temperature, color, moisture level

Required if available. 1 through 7, 9 or blank.

EYE (41) C 1 Eye Opening Response

Required if available. 1 through 4 or blank.

VERB (39) C 1 Verbal Response

Required if available. 1 through 5 or blank.

MOTOR (40) C 1 Motor Response

Required if available. 1 through 6 or blank.

CAP (42) C 1 Capillary Refill

Required if available. 1 through 3 or blank.

ASSIST (43) C $\,$ 3 Mutual Aid by/for another service

Required if appropriate.

Service license number of service that provided mutual aid or for which mutual aid was provided.

When present, must be a valid, currently active service license number present in the service reference file.

Field	Name	Type	Len	Note	
TRMT1	(44)	С	1	Treatment	Fields(through)
TRMT22	2				

Required if applicable.

Stored as 0 or 1. Entered through a special routine where values between 01 and 22 are entered for all checked fields.

TRMT7TIME C 4 Time AED used

Required if appropriate.

Entered only when TRMT7 = 1.

Subject to the same format edits as the time fields above.

DRUGS (45) C 1 Medication Administered

Required if applicable.

1 or blank.

MED01	C	2	Medication	Code
MED02	С	2	Medication	Code
MED03	С	2	Medication	Code
MED04	С	2	Medication	Code
MED05	С	2	Medication	Code
MED06	С	2	Medication	Code

Required if applicable.

Entered only when DRUGS = 1. Must be present in the drug code reference file.

MEDTIME C 4 Medication Time

Required if available.

Entered only when DRUGS = 1.

Subject to the same format edits as the time fields above.

DEFIBKEY (46) C 1 Defib/C-Vert performed, 1=Defib 2=CVert

Required if applicable.

1, 2 or blank.

DEFIB C 5 License Number of Crew performing Defib/C-Vert

Required if applicable.

Entered only when DEFIBKEY is non-empty. Valid crew license number must be present in one of the six crew license fields above.

DEFIBTIME C 4 Time of Defib/C-Vert

Required if available.

Entered only when DEFIBKEY is non-empty.

Subject to the same format edits as the time fields above.

Field Name Type Len MEDCTL (47) Medical Control Required if applicable. 1, 2 or blank. MONITOR (48) C 1 Monitor Required if applicable. 1, 2 or blank. PACING (49) C 1 Cardiac Pacing Required if applicable. 1 or blank. CHESTDEC (50) C 1 Chest Decompression Required if applicable. 1 or blank. CRICOTH (51) C 1 Cricothyrotomy Required if applicable. 1 or blank. IV (52) C 1 IV Attempt Required if applicable. 1, 2 or blank. IVLIC (53) C 5 License number of crew attempting IV Required if applicable. Entered only when IV is non-empty. Valid crew license number must be present in one of the six crew license fields above. PITRAN (54) C 1 Paramedic Inter-Facility Transfer Required if applicable. 1 or blank. C 1 ET attempt ET (55) Required if applicable.

1, 2 or blank.

Field	Name	Type	Len	Note					
ETLIC	(56)	С	5	License	number	of	crew	attempting	ET

Required if applicable.

Entered only when ET is non-empty. Valid crew license number must be present in one of the six crew license fields above.

TRANSRV C 3 Service number of transporting service

This field is the ID number of the transporting service, entered as the DEST (above), when the original ambulance service is a non-transporting service (AMBID > 840).

When present, must be a valid, currently active service license number present in the service reference file.

APPENDIX I

29 A§2054

Emergency and Auxiliary Lights, Sirens and Privileges

Title 29-A, §2054, Emergency and auxiliary lights; sirens; privileges

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§2054. Emergency and auxiliary lights; sirens; privileges

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Ambulance" means any vehicle designed, constructed and routinely used or intended to be used for the transportation of ill or injured persons and licensed by Maine Emergency Medical Services pursuant to Title 32, chapter 2-B.

[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

- B. "Authorized emergency vehicle" means any one of the following vehicles:
 - (1) An ambulance;
 - (2) A Baxter State Park Authority vehicle operated by a Baxter State Park ranger;
 - (3) A Bureau of Marine Patrol vehicle operated by a coastal warden;
 - (4) A Department of Conservation vehicle operated by a forest ranger;
 - (5) A Department of Conservation vehicle used for forest fire control;
- (6) A Department of Corrections vehicle used for responding to the escape of or performing the high-security transfer of a prisoner, juvenile client or juvenile detainee;
 - (7) A Department of Inland Fisheries and Wildlife vehicle operated by a warden;
- (8) A Department of Public Safety vehicle operated by a capital security officer appointed pursuant to Title 25, section 2908, a state fire investigator or a Maine Drug Enforcement Agency officer;
 - (9) An emergency medical service vehicle;
 - (10) A fire department vehicle;
- (11) A hazardous material response vehicle, including a vehicle designed to respond to a weapon of mass destruction;
 - (12) A railroad police vehicle;

- (13) A sheriff's department vehicle;
- (14) A State Police or municipal police department vehicle;
- (15) A vehicle operated by a chief of police, a sheriff or a deputy sheriff when authorized by the sheriff;
- (16) A vehicle operated by a municipal fire inspector, a municipal fire chief, an assistant or deputy chief or a town forest fire warden;
- (17) A vehicle operated by a qualified deputy sheriff or other qualified individual to perform court security-related functions and services as authorized by the State Court Administrator pursuant to Title 4, section 17, subsection 15; or
- (18) A Federal Government vehicle operated by a federal law enforcement officer. [2003, c. 451, Pt. T, §14 (amd).]
- C. "Auxiliary light" means a light, other than standard equipment lighting such as headlights, taillights, directional signals, brake lights, clearance lights, parking lights and license plate lights, that is displayed on a vehicle and used to increase the operator's visibility of the road or the visibility of the vehicle to other operators and pedestrians.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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D. "Emergency light" means an auxiliary light displayed and used on an authorized emergency vehicle to distinguish it and make it recognizable as an authorized emergency vehicle.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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E. "Emergency medical service vehicle" means a vehicle equipped and used to transport emergency medical personnel or equipment to ill or injured persons and authorized by Maine Emergency Medical Services.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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- F. "Fire vehicle" means any vehicle listed under paragraph B, subparagraph (5) or (16). [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
- G. "Hazardous material response vehicle" means a vehicle equipped for and used in response to reports of emergencies resulting from actual or potential releases, spills or leaks of, or other exposure to, hazardous substances that is authorized by a mutual aid agreement pursuant to Title 37-B, section 795, subsection 3 and approved by the local emergency planning committee or committees whose jurisdiction includes the area in which the vehicle operates.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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H. "Highway maintenance vehicle" means a vehicle used to maintain the highways, including, but not limited to, a plow, grader, sand truck, sweeper and tar truck.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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I. "Police vehicle" means any vehicle listed under paragraph B, subparagraph (2), (3), (4), (7), (8), (12), (13), (14) or (18).

[2003, c. 451, Pt. T, §14 (amd).]

- 2. Authorized lights. Authorized lights are governed as follows.
- A. Only an ambulance; an emergency medical service vehicle; a fire department vehicle; a police vehicle; a Department of Conservation vehicle used for forest fire control; a Department of Corrections vehicle as described in subsection 1, paragraph B, subparagraph (6); and a highway maintenance vehicle may be equipped with a device that provides for alternate flashing of the vehicle's headlights.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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B. Only a police vehicle may be equipped with a device that provides for alternate flashing of the vehicle's brake or rear directional lights and back-up lights or strobe lights behind the rear brake lenses.

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[1995, c. 247, §4 (amd).]
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- C. The use of amber lights on vehicles is governed by the following.
- (1) A vehicle engaged in highway maintenance or in emergency rescue operations by civil defense and public safety agencies and a public utility emergency service vehicle may be equipped with auxiliary lights that emit an amber light.
- (2) A wrecker must be equipped with a flashing light mounted on top of the vehicle in such a manner as to emit an amber light over a 360° angle. The light must be in use on a public way or a place where public traffic may reasonably be anticipated when servicing, freeing, loading, unloading or towing a vehicle.
- (3) A vehicle engaged in snow removal or sanding operations on a public way must be equipped with and display at least 2 auxiliary lights mounted on the highest practical point on the vehicle and provide visible light coverage over a 360° range. The lights must emit an amber beam of light, be at least 6 inches in diameter and be equipped with blinking attachments. In lieu of the lights specified, a vehicle may be equipped with at least one auxiliary rotating flashing light having 4-inch sealed beams and showing amber beams of light over a 360° range or an amber strobe, or combination of strobes, that emits at a minimum a beam of 1,000,000 candlepower and provides visible light coverage over a 360° range. When the left wing of a plow is in operation and extends over the center of the road, an auxiliary light must show the extreme end of the left wing. That light may be attached to the vehicle so that the beam of light points at the left wing. The light illuminating the left wing may be controlled by a separate switch or by the regular lighting system and must be in operation at all times when the vehicle is used for plowing snow on public ways.
- (4) A vehicle equipped and used for plowing snow on other than public ways may be equipped with an auxiliary rotary flashing light that must be mounted on top of the vehicle in such a manner as to emit an amber beam of light over a 360` angle, or an amber strobe, or combination of strobes, that emits at a minimum a beam of 50 candlepower and provides visible light coverage over a 360` range. However, the vehicle must be equipped with and must use such a light whenever the vehicle enters a public way while in the course of plowing private driveways and other off-highway locations. The light may be in use on a public way only when the vehicle is entering the public way in the course of plowing private driveways and other off-highway locations.
 - (5) A rural mail vehicle may be equipped with auxiliary lights.
 - (a) The lights used to the front must be white or amber, or any shade between white and amber.

- (b) The lights used to the rear must be amber or red, or any shade between amber and red.
- (c) The lights, whether used to the front or rear, must be mounted at the same level and as widely spaced laterally as possible.
 - (d) The lights, whether used to the front or rear, must flash simultaneously.
- (e) The lights must be visible from a distance of at least 500 feet under normal atmospheric conditions at night.
- (6) A vehicle used or provided by a contract security company to assist in traffic control and direction at construction or maintenance sites on a public way may be equipped with auxiliary lights. Effective July 1, 1996, the auxiliary lights must be amber. Prior to July 1, 1996, the auxiliary lights must be green or amber.
- (7) A Department of Public Safety vehicle operated by a motor carrier inspector may be equipped with auxiliary lights that emit an amber light.

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[2003, c. 209, §1 (amd).]
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D. Emergency lights used on a police vehicle; a Department of Corrections vehicle as described in subsection 1, paragraph B, subparagraph (6); a vehicle operated by a chief of police, a sheriff or a deputy sheriff; and a vehicle operated by a qualified deputy sheriff or other qualified individual performing court security-related functions and services must emit a blue light or a combination of blue and white light. On any vehicle, or replica of a vehicle, manufactured prior to 1952 and registered under section 457, the taillight may contain a blue or purple insert of not more than one inch in diameter.

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[2003, c. 78, §1 (amd).]
E.
[2003, c. 340, §7 (rp).]
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- F. Only vehicles listed in this paragraph, rural mail vehicles as provided in paragraph C, subparagraph (5) and school buses may be equipped with, display or use a red auxiliary or emergency light.
 - (1) Emergency lights used on an ambulance, an emergency medical service vehicle, a fire department vehicle, a fire vehicle or a hazardous material response vehicle must emit a red light or a combination of red and white light and may be equipped with one blue light mounted at the rear of the vehicle so that the light is visible to approaching traffic.
 - (2) The municipal officers or a municipal official designated by the municipal officers, with the approval of the fire chief, may authorize an active member of a municipal or volunteer fire department to use a flashing red signal light not more than 5 inches in diameter on a vehicle. The light may be displayed but may be used only while the member is en route to or at the scene of a fire or other emergency. The light must be mounted as near as practicable above the registration plate on the front of the vehicle or on the dashboard. A light mounted on the dashboard must be shielded so that the emitted light does not interfere with the operator's vision.
 - (3) Members of an emergency medical service licensed by Maine Emergency Medical Services may display and use on a vehicle a flashing red signal light of the same proportion, in the same location and under the same conditions as those permitted municipal and volunteer firefighters, when authorized by the chief official of the

emergency medical service.

G. A vehicle may be equipped with a spotlight. Only spotlights on authorized emergency vehicles, highway maintenance vehicles and public utility vehicles may be used on a public way, except any vehicle may use a spotlight in cases of necessity when other lights required by law fail to operate.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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H. A vehicle in a funeral procession may be equipped with a flashing light. The light must emit a yellow beam of light. The light may not be more than 5 inches in diameter and must be placed on the dashboard. The light must be shielded so that the emitted light does not interfere with the operator's vision. The flashing light may be used only when the vehicle is used in a funeral procession.

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[2001, c. 10, §1 (new).]
[2003, c. 78, §§1, 2 (amd); c. 209, §1 (amd); c. 340, §7 (amd).]
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3. Sirens. A bell or siren may not be installed or used on any vehicle, except an authorized emergency vehicle.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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4. Right-of-way. An authorized emergency vehicle operated in response to, but not returning from, a call or fire alarm or operated in pursuit of an actual or suspected violator of the law has the right-of-way when emitting a visual signal using an emergency light and an audible signal using a bell or siren. On the approach of any such vehicle, the operator of every other vehicle shall immediately draw that vehicle as near as practicable to the right-hand curb, parallel to the curb and clear of any intersection and bring it to a standstill until the authorized emergency vehicle has passed. A violation of this subsection is a Class E crime that, notwithstanding Title 17-A, section 1301, is punishable by a minimum fine of \$250 for the first offense and for a 2nd offense occurring within 3 years of the first offense a mandatory 30-day suspension of a driver's license.

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[1997, c. 162, §1 (amd).]
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4-A. Registered owner's liability for vehicle failing to yield right-of-way. A person who is a registered owner of a vehicle at the time that vehicle is involved in a violation of subsection 4 commits a traffic infraction unless a defense applies pursuant to paragraph D. For purposes of this subsection, "registered owner" includes a person issued a dealer or transporter registration plate.

A. The operator of an authorized emergency vehicle who observes a violation of subsection 4 may report the violation to a law enforcement officer. If a report is made, the operator shall report the time and the location of the violation and the registration plate number and a description of the vehicle involved. The officer shall initiate an investigation of the reported violation and, if possible, contact the registered owner of the motor vehicle involved and request that the registered owner supply information identifying the operator of the registered owner's motor vehicle.

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[1997, c. 162, §2 (new).]
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B. The investigating officer may cause the registered owner of the vehicle to be served with a summons for a violation of this subsection.

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[1997, c. 162, §2 (new).]
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C. Except as provided in paragraph D, it is not a defense to a violation of this subsection that a registered owner was not operating the vehicle at the time of the violation.

- D. The following are defenses to a violation of this subsection.
- (1) If a person other than the registered owner is operating the vehicle at the time of the violation of subsection 4 and is convicted of that violation, the registered owner may not be found in violation of this subsection.
- (2) If the registered owner is a lessor of vehicles and at the time of the violation the vehicle was in the possession of a lessee and the lessor provides the investigation officer with a copy of the lease agreement containing the information required by section 254, the lessee, not the lessor, may be charged under this subsection.
- (3) If the vehicle is operated using a dealer or transporter registration plate and at the time of the violation the vehicle was operated by any person other than the dealer or transporter and if the dealer or transporter provides the investigating officer with the name and address of the person who had control over the vehicle at the time of the violation, that person, not the dealer or transporter, may be charged under this subsection.
- (4) If a report that the vehicle was stolen is given to a law enforcement officer or agency before the violation occurs or within a reasonable time after the violation occurs and an investigation determines the vehicle was stolen, the registered owner may not be charged under this subsection.

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[1997, c. 162, §2 (new).]
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- 5. Exercise of privileges. The operator of an authorized emergency vehicle when responding to, but not upon returning from, an emergency call or fire alarm or when in pursuit of an actual or suspected violator of the law may exercise the privileges set forth in this subsection. The operator of an authorized emergency vehicle may:
 - A. Park or stand, notwithstanding the provisions of this chapter;

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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B. Proceed past a red signal, stop signal or stop sign, but only after slowing down as necessary for safe operation;

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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C. Exceed the maximum speed limits as long as life or property is not endangered, except that capital security officers and employees of the Department of Corrections may not exercise this privilege;

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[2001, c. 360, §7 (amd).]
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D. Disregard regulations governing direction of movement or turning in specified directions; and

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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- E. Proceed with caution past a stopped school bus that has red lights flashing only:
 - (1) After coming to a complete stop; and
 - (2) When signaled by the school bus operator to proceed.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
[2001, c. 360, §7 (amd).]
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6. Emergency lights and audible signals. The operator of an authorized emergency vehicle who is exercising the privileges granted under subsection 5 shall use an emergency light authorized by subsection 2. The operator of an authorized emergency vehicle who is exercising the privileges granted under subsection 5, paragraphs B, C, D and E shall sound a bell or siren when reasonably necessary to warn pedestrians and other operators of the emergency vehicle's approach.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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7. Duty to drive with due regard for safety. Subsections 4, 5 and 6 do not relieve the operator of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor do those subsections protect the operator from the consequences of the operator's reckless disregard for the safety of others.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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8. Standards for lights on highway maintenance vehicles. The Commissioner of Transportation, with the consent of the Chief of the State Police, shall adopt standards and specifications for headlights, clearance lights, identification lights and other lights on highway maintenance vehicles. These standards must include prescribed usage for the various lights when a highway maintenance vehicle is in operation. The standards and specifications adopted pursuant to this section must correspond to and so far as practical conform with those approved by the national association of state highway officials. The standards and specifications adopted pursuant to this section are in addition to and do not supersede the lighting requirements established in subsections 1 to 7 and sections 1904 to 1909.

Highway maintenance vehicles owned by a municipality or performing maintenance under contract to a municipality must meet the lighting requirements established in subsections 1 to 7 and sections 1904 to 1909. A municipality may adopt the standards and specifications developed in accordance with this subsection.

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[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]
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- 9. Stationary authorized emergency vehicles. The operator of a vehicle passing a stationary authorized emergency vehicle using an emergency light, with due regard to the safety and traffic conditions, shall:
 - A. Pass in a lane not adjacent to that of the authorized emergency vehicle, if possible; or [2001, c. 360, §8 (new).]
 - B. If passing in a nonadjacent lane is impossible or unsafe, pass the emergency vehicle at a careful and prudent speed reasonable for passing the authorized emergency vehicle safely.

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[2001, c. 360, §8 (new).]
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A violation of this subsection is a traffic infraction for which a minimum fine of \$250 must be adjudged.

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[2003, c. 97, §1 (amd).]
PL 1993, Ch. 683, §A2 (NEW).
PL 1993, Ch. 683, §B5 (AFF).
PL 1995, Ch. 22, §1 (AMD).
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- PL 1995, Ch. 65, §A153,C15 (AFF).
- PL 1995, Ch. 65, §C6 (AMD).
- PL 1995, Ch. 247, §4 (AMD).
- PL 1997, Ch. 162, §1,2 (AMD).
- PL 1999, Ch. 29, §2 (AMD).
- PL 2001, Ch. 10, §1 (AMD).
- PL 2001, Ch. 360, §5-8 (AMD).
- PL 2003, Ch. 78, §1,2 (AMD).
- PL 2003, Ch. 97, §1 (AMD).
- PL 2003, Ch. 209, §1 (AMD).
- PL 2003, Ch. 340, §7 (AMD).
- PL 2003, Ch. 451, §T14 (AMD).

APPENDIX J

HIPAA Privacy Rule &
Applicable Maine State Statutes

You are here: Administrative Simplification > Regulations > Privacy

HIPAA Administrative Simplification - Privacy

For more information on the privacy standards, visit the <u>HHS Office for Civil</u> <u>Rights</u>.

Final Rule

- Final Modifications to the Privacy Rule, Federal Register, August 14, 2002
 - o **Text format**
 - o PDF format (486KB)
- Final Rule published in the Federal Register on December 28, 2000
 - Rule in PDF Format (8 parts): Zipped (2.49MB)
 Part 1 (PDF, 401KB) | Part 2 (PDF, 298KB) | Part 3 (PDF, 311KB) |
 Part 4 (PDF, 308KB) | Part 5 (PDF, 309KB) | Part 6 (PDF, 312KB) |
 Part 7 (PDF, 584KB) | Part 8 (PDF, 180KB)
 - Rule in Text Format (8 parts): <u>Zipped (725KB)</u>
 <u>Part 1 | Part 2 | Part 3 | Part 4 | Part 5 | Part 6 | Part 7 | Part 8</u>
 - Rule in HTML Format: <u>Preamble (in 4 parts)</u> | <u>Regulation Text</u>

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HIPAA Privacy Rule **Summary**

The section applies to the privacy practices of Health Care Providers and will be the primary focus of this notice. Services must be in compliance with this section by *April 14, 2003*, which includes providing training for all of your personnel. While we don't anticipate HIPAA police knocking on your door on April 15th, we suggest strongly that you work diligently to implement the requirements as soon as possible.

Compliance with the HIPAA Privacy Rule

The following are some of the basic requirements under the HIPAA Privacy Rule:

- 1. Adopt a notice of Privacy Practices that outlines your privacy policy and is given to *every* patient you encounter. You must also make a good-faith attempt to obtain their signed acknowledgement of the policy.
- 2. Create a policy that outlines when and how you will release protected health information (PHI). Ambulance services may release a patient's PHI *without* permission from the patient in only three (3) instances: (1) treatment, (2) payment, and (3) health care operations. All other releases must be covered by your policy. You will also need to take reasonable steps to protect your PHI, which would include:
 - A. Create a closed, locked container for your crews to put their run reports in when completed.
 - B. Inform your personnel that they can't leave their run reports lying around anymore while waiting to complete them.
 - C. Identify all personnel in your organization who have a need to access PHI as a function of their job and limit their access to only that PHI that they need to access
 - D. Develop a strong confidentiality policy that identifies the disciplinary action, up to and including termination, for violations of the policy. You should not tread lightly with the dissemination and enforcement of this policy; this is an important part of your program.
 - E. Develop a mechanism to track releases of PHI.
- 3. Sign "business associate" agreements with individuals or organizations that may have access to PHI. Some organizations or individuals that you may want to have an agreement with would be: Billing companies, legal counsel, or collection agency.

- 4. Provide HIPAA training to all employees by April 14, 2003. For the purposes of this law, employees include paid personnel, volunteers, students, and job shadows. Reinforce as part of your training that HIPAA protects all patient information whether it is transmitted electronically, orally, or in writing. Personnel must be cautioned against speaking in public places about calls on which they, or their service, responded.
- 5. Appoint a Privacy Officer.
- 6. Adopt a policy to handle all complaints regarding use or disclosure of PHI.

in the interpretation of this chapter or rules adopted pursuant to this chapter may appeal the decision to the board for a final decision. The staff's or subcommittee's decision stands until the board issues a decision to uphold, modify or overrule the staff's or subcommittee's decision. In the case of nonrenewal, the person or organization must be afforded an opportunity for hearing in accordance with this chapter and the Maine Administrative Procedure Act.

Any person or organization aggrieved by a final decision of the board in waiving the application of any rule, in refusing to issue or renew a license, in taking any disciplinary action pursuant to this chapter or rules adopted pursuant to this chapter or in the interpretation of this chapter or any rule adopted pursuant to this chapter may appeal the board's decision to the Superior Court in accordance with Title 5, chapter 375, subchapter VU.



32 § 92. Confidentiality of information

Any reports, information or records provided to the board or department pursuant to this chapter must be provided to the licensee and are confidential insofar as the reports, information or records identify or permit identification of any patient, provided that the board may disclose any confidential information as follows.

- 1. Hearings or proceedings. Confidential information may be released in an adjudicatory hearing or informal conference before the board or in any subsequent formal proceeding to which information is relevant.
- 2. Consent agreements or settlement. Confidential information may be released in a consent agreement or other written settlement, when the information constitutes or pertains to the basis of board action
- **3. During investigation.** All complaints and investigative records of the board are confidential during the pendency of an investigation. Those records become public records upon the conclusion of an investigation unless confidentiality is required by some other provision of law. For purposes of this subsection, an investigation is concluded when:
- A. A notice of an adjudicatory hearing as defined under Title 5, chapter 375, subchapter I has been issued;
- B. A consent agreement has been executed; or
- C. A letter of dismissal has been issued or the investigation has otherwise been closed.
- **4. Exceptions.** Notwithstanding subsection 3, during the pendency of an investigation, a complaint or investigative record may be disclosed:
- A. To Maine Emergency Medical Services employees designated by the director; B. To designated complaint officers of the board;
- C. By a Maine Emergency Medical Services employee or complaint officer designated by the board when, and to the extent, considered necessary to facilitate the investigation;

- D. To other state or federal agencies when the files contain evidence of possible violations of laws enforced by those agencies;
- E. When and to the extent considered necessary by the director to avoid imminent and serious harm. The authority of the director to make such a disclosure may not be delegated;
- F. Pursuant to rules adopted by the department, when it is determined that confidentiality is no longer warranted due to general public knowledge of the circumstances surrounding the complaint or investigation and when the investigation would not be prejudiced by the disclosure; or
- G. To the person investigated on request of that person. The director may refuse to disclose part or all of any investigative information, including the fact of an investigation when the director determines that disclosure would prejudice the investigation. The authority of the director to make such a determination may not be delegated.



32 § 92-A. Records of quality assurance activities

- **1. Immunity from suit.** Any person who participates in the activities of any emergency medical services quality assurance committee approved by the board is immune from civil liability for undertaking or failing to undertake any act within the scope of the committee.
- **2.** Confidentiality. All proceedings and records of proceedings concerning the quality assurance activities of an emergency medical services quality assurance committee approved by the board and all reports, information and records provided to the committee are confidential and may not be obtained by discovery from the committee, the board or its staff.
- **3. Assistance of information; immunity**. Any person, health care facility or other emergency services organization which assists in the activities of an emergency medical services quality assurance committee approved by the board which provides information to an emergency medical services quality assurance committee approved by the board shall be protected by the provisions of section 93 as though that assistance of information were provided to the board itself

32 § 93. Immunity

Any person, health care facility or other emergency services organization acting in good faith is immune from civil liability to the licensee or applicant for licensure for the following actions:

- **1. Report; information.** Making any report or other information available to Maine Emergency Medical Services under this chapter; and
- **2. Assisting.** Assisting Maine Emergency Medical Services in carrying out any of its duties.

32 § 93-A. Immunity for supervision and training

1. Emergency medical treatment supervision. No physician functioning within the medical control system established by the regional medical director and practicing in a hospital to or from which patients are transported under section 86 or health care practitioner under such a physician's supervision who gives oral or written instructions to a basic emergency medical services person or an advanced emergency medical technician for the provision of emergency medical treatment outside the hospital may be civilly liable for negligence as a result of issuing the instructions, if the instructions were in accordance with the protocol for the patient's

Title>> 22 - §3022. Office of Chief Medical Examiner Prev: Chapter 711 §3021 Next:

Chapter 711 §3023 Download Chapter 711

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Part 6: BIRTHS, MARRIAGES AND DEATHS

Chapter 711: MEDICAL EXAMINER ACT

§3022. Office of Chief Medical Examiner

- 1. Appointment and qualifications of the Chief Medical Examiner. There is created, in the Department of the Attorney General, the Office of Chief Medical Examiner for the State. The Chief Medical Examiner is appointed by the Governor for a term of 7 years and until the Chief Medical Examiner's successor is appointed and qualified. The Chief Medical Examiner must possess a degree of doctor of medicine or doctor of osteopathy, be licensed to practice in the State and be expert in the specialty of forensic pathology. Expertise in the specialty of forensic pathology may be established either by certification in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or by successful completion of an examination to test expertise in forensic pathology designed for the State by acknowledged experts in the field selected by the Governor. Any vacancy in the Office of Chief Medical Examiner must be filled by appointment by the Governor for a full term of 7 years. The Chief Medical Examiner may hire, subject to the Civil Service Law, necessary office and laboratory personnel to carry out the proper functioning of the Chief Medical Examiner's office. [2001, c. 222, §1 (amd).]
- 2. Appointment and qualifications of the Deputy Chief Medical Examiner. The Chief Medical Examiner may select one or more of the medical examiners to serve as deputy chief medical examiners. The Deputy Chief Medical Examiner serves at the pleasure of the Chief Medical Examiner and, if salaried, is unclassified. The salary of the Deputy Chief Medical Examiner must be set in salary range 56 of the Standard Salary Schedule for Medical Personnel as published by the Bureau of Human Resources. In the event of the Deputy Chief Medical Examiner is unavailable, the Attorney General may designate one of the deputy chief medical examiners to serve as acting Chief Medical Examiner. The acting Chief Medical Examiner has all of the powers and responsibilities of the Chief Medical Examiner. [1997, c. 643, Pt. G, §1 (amd).]
- 2-A. Appointment of office administrator. The Chief Medical Examiner may appoint one office administrator who shall serve at the pleasure of the Chief Medical Examiner. The office administrator shall perform such duties as may be delegated by the Chief Medical Examiner. Notwithstanding any other provisions of law, the compensation of the Chief Medical Examiner's office administrator must be fixed by the Chief Medical Examiner. [1997, c. 1, Pt. E, §1 (new).]
- 3. Certification and completion of reports of deaths. The Office of Chief Medical Examiner shall be responsible for certification and completion of reports of deaths identified as medical examiner cases by section 3025. This shall be accomplished by examination of bodies and useful objects and by investigation and inquiry into the circumstances surrounding the deaths. The Office of Chief Medical Examiner may compile and preserve records and data relating to criminal prosecution, public health, public safety and vital statistics, as these relate to his responsibilities. [1987, c. 329, §2 (rpr).]
- 4. Judgments of the medical examiners. Judgments of the medical examiners as to the identity of the deceased and the cause, manner, date, time and place of death shall be made with reasonable care based on a preponderance of the evidence. [1987, c. 329, §2 (rpr).]
 - 5. Custodian of records. The Chief Medical Examiner shall be the custodian of the records of

- the Office of Chief Medical Examiner. Copies of those records not declared confidential in subsection 8 shall be available upon written request. [1987, c. 329, §2 (rpr).]
- 6. Certificate as evidence. Notwithstanding any other provision of law or rule of evidence, the certificate of the Chief Medical Examiner, under seal of the State, shall be received in any court as prima facie evidence of any fact stated in the certificate or documents attached to the certificate. The certificate under the seal shall be presumed to be that of the Chief Medical Examiner. A facsimile of the signature of the Chief Medical Examiner imprinted on any certificate described in this subsection shall have the same validity as his written signature and shall be admissible in court. [1987, c. 329, §2 (rpr).]
- 7. Medical records provided. In any medical examiner case, upon oral or written request of the medical examiner, any individual, partnership, association, corporation, institution or governmental entity that has rendered treatment pertaining to the medical examiner case shall as soon as practicable provide the medical examiner with all medical records pertaining to the person and the treatment provided. No individual, partnership, association, corporation, institution, governmental entity or employee or agent of a governmental entity may be criminally or civilly responsible for furnishing any medical records in compliance with this subsection. [1991, c. 723 (amd).]
- 8. Certain information confidential. The following records in the possession or custody of a medical examiner or the Office of the Chief Medical Examiner are not public records within the meaning of << Title>> 1, section 402, subsection 3 and are confidential:
- A. Medical records relating to a medical examiner case; [2001, c. 221, §1 (new).]
- B. Law enforcement agency reports or records relating to a medical examiner case; [2001, c. 221, §1 (new).]
- C. Communications with the Department of the Attorney General relating to a medical examiner case; [2001, c. 221, §1 (new).]
- D. Communications with the office of a district attorney relating to a medical examiner case; [2001, c. 221, §1 (new).]
- E. Death certificates and amendments made to the certificates, except for the information for which the medical examiner is responsible, as listed in section 2842, subsection 3, and not ordered withheld by the Attorney General relating to a medical examiner case or missing person; [2001, c. 221, §1 (new).]
- F. Photographs and transparencies, histological slides, videotapes and other like items relating to a medical examiner case; and [2001, c. 221, §1 (new).]
- G. Written or otherwise recorded communications that express or are evidence of suicidal intent obtained under section 3028, subsections 4 and 5. [2001, c. 221, §1 (new).] [2001, c. 221, §1 (rpr).]
 - 9. Release of medical examiner's reports. [2001, c. 221, §2 (rp).]
- 10. Cooperation with research requests. The Office of Chief Medical Examiner shall cooperate with research requests by supplying abstracted data to interested persons consistent with the available resources of the office. [2001, c. 221, §3 (amd).]
 - 11. Written or recorded material expressing suicidal intent. [2001, c. 221, §4 (rp).]
- 12. Access to or dissemination of confidential records. Except as specified in subsections 10 and 13, access to or dissemination of records made confidential under subsection 8 is limited to: A. A criminal justice agency for the purpose of the administration of criminal or juvenile justice; [2001, c. 221, §5 (new).]
- B. A person for whom the Chief Medical Examiner determines access is necessary or desirable to carry out a duty under this Act; [2001, c. 221, §5 (new).]
- C. A person for whom the Chief Medical Examiner determines access is necessary or desirable to allow for the harvesting of a decedent's organs and other tissues: [2001. c. 221. §5 (new).]

- D. A person when authorized or required under any state or federal law, rule or regulation; and [2001, c. 221, §5 (new).]
- E. A person pursuant to a court order. [2001, c. 221, §5 (new).]

Access to or dissemination of records as provided under paragraphs A to C can be done as a matter of course by the Chief Medical Examiner unless the Attorney General directs otherwise. [2001, c. 221, §5 (new).]

- 13. Access to certain information by certain persons. Unless a medical examiner case is under investigation by the Department of the Attorney General or the office of a district attorney and the Attorney General or the district attorney determines that there is a reasonable possibility that release or inspection interferes with a criminal investigation or prosecution by the disclosure:

 A. Items identified in subsection 8, paragraphs F and G may be inspected and copies obtained, upon payment of any required fee under section 3035, by:
- (1) A next of kin of the deceased, as defined under section 2843-A. The Chief Medical Examiner may provide the original of the items described in subsection 8, paragraph G to the next of kin or other person to whom that item is addressed or directed;
- (2) An insurer that may be responsible for payment of benefits as a result of a death if relevant to the payment obligation;
- (3) An attorney representing the estate of the decedent or the decedent's property if relevant to the representation; and
- (4) An attorney representing a person or a person's estate and exploring a possible civil action against the estate of the decedent if relevant to the representation; and [2001, c. 221, §5 (new).] B. A person may inspect and obtain a copy of communications identified in subsection 8, paragraphs C and D, except work product as defined in Rule 16(b)(3) of the Maine Rules of Criminal Procedure, as long as the communications would otherwise be open to inspection and release if in the possession or custody of the Department of the Attorney General or the office of a district attorney. [2001, c. 221, §5 (new).] [2001, c. 221, §5 (new).]
- 14. Access to report documents. Report documents, as defined in section 3035, subsection 2, in the possession or custody of a medical examiner or the Office of the Chief Medical Examiner constitute investigative information. Release and inspection are governed by << Title>> 16, section 614. Release and inspection are also contingent upon the person's request specifying a specific decedent or decedents and the payment of any required fee under section 3035. [2001, c. 221, §5 (new).]
- 15. Testing for HIV. Notwithstanding << Title >> 5, chapter 501, the Chief Medical Examiner in a medical examiner case may test for the human immunodeficiency virus and may disclose the test result as authorized under subsection 12. [2001, c. 221, §5 (new).]

As used in subsections 10, 12, 13 and 14, "person" means a natural person, including a public servant, or a corporation, partnership, unincorporated association or other legal entity, including a governmental unit. [2001, c. 221, §6 (new).] The Revisor's Office cannot provide legal advice or interpretation of Maine law to the public.

APPENDIX K Sample MHIC Service Reports

Augusta Fire Department

TABLE 2B: VITAL SIGNS COMPLETION ANALYSIS FOR TRANSPORTING SERVICES RECORDS INDICATING EMERGENCY TRANSPORTS PERIOD COVERED: 01/01/2002 - 12/31/2002

	TOTAL EMERGENCY TRANSPORTS	****** PULSE	***** VITAL SIG	NS ***** BLOOD PR SYS		% OF RECORDS WITH PULSE, RESPIRATION, BP SYSTOLIC
STATEWIDE	103570	98%	98%	==== 95%	==== 80%	======= 94%
REGION 3	14638	99%	98%	96%	78%	95%
041 Augusta Fire Department	2392	98%	96%	93%	56%	92%

Augusta Fire Department

TABLE 3B: NUMBER OF RUNS PER TYPE OF MEDICAL CALLS FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS AND EMERGENCY TRANSFERS PERIOD COVERED: 01/01/2002 - 12/31/2002

TOTAL EMERGENCY POISON RESPIR BEHAV DIA-SEI-OB/ RECORDS OD BETIC ZURE GYN OTHER MEDICAL CARDIAC ATORY IORAL CVA ======= ====== ====== ==== ===== ====== ===== ===== ===== ==== ==== STATEWIDE 110731 76110 17803 3033 15028 4728 2413 3607 3119 1106 31543 69% 16% 3% 14% 4 % 2% 3% 3% 1% 28% REGION 3 15710 11424 2631 477 2289 773 352 563 457 185 4818 73% 17% 3% 15% 5% 2% 4% 3% 1% 31% 041 Augusta Fire Department 2598 1771 424 98 307 133 51 93 64 34 736 68% 2% 1% 28% 16% 4% 12% 5% 2% 4%

TABLE 3B1: NUMBER OF RUNS PER TYPE OF TRAUMA CALLS & CODE 99'S FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS AND EMERGENCY TRANSFERS PERIOD COVERED: 01/01/2002 - 12/31/2002

	TOTAL EMERGENCY RECORDS	TRAUMA	MULTI SYSTEMS TRAUMA	HEAD TRAUMA	SPINAL TRAUMA	BURNS	SOFT TISSUE INJURY	FRAC-	OTHER	CODE 99	CONC SUICIDE
	=======	=====	======	=====	=====	=====	=====	=====	=====	====	======
STATEWIDE	110731	29724	2172	5188	6064	305	13334	8207	4145	837	1320
		27%	2%	5%	5%	0%	12%	7%	4%	1%	1%
REGION 3	15710	4093	262	736	902	43	1828	1224	589	92	255
		26%	2%	5%	6%	0%	12%	8%	4%	1%	2%
041 Augusta Fire Department	2598	701	46	115	130	7	292	174	106	17	42
		27%	2%	4%	5%	0%	11%	7%	4%	1%	2%

Augusta Fire Department

TABLE 4B: RESPONSE TIME AVERAGE AND FREQUENCIES FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS PERIOD COVERED: 01/01/2002 - 12/31/2002

		TOTAL		OS WITH TIMES	AVERA	GF.			TOTA	L RECO	RDS BY R	ANGE
	EMERGENCY TRANSPORTS	TOTAL #	PERCENT %	RESPONSE TIME	0-4		5-8 #	 MIN %	9-12	 MIN %	>12 #	 MIN %
STATEWIDE	103570	===== 102543	99%	====== : 07	34653	34%	====== 32686	32%	====== 16465	==== 16%	====== 18739	18%
REGION 3	14638	14517	99%	: 08	4445	31%	4605	32%	2367	16%	3100	21%
041 Augusta Fire De	epartment 2392	2389	100%	: 05	997	42%	1007	42%	292	12%	93	4%

Augusta Fire Department

TABLE 5B: TOTAL RUNS PER TYPE OF RUN FOR TRANSPORTING SERVICES

PERIOD COVERED: 01/01/2002 - 12/31/2002

				EMERGENCY	E	MERGENCY		ROUTINE				REFUSED				CANCELED
	TOTAL	TRANSPO	RT	TRANSF	ER	TRANSE	FER	NO TRAN	ISPORT	TREATM	IENT	STAN	IDBY	ENROU	TE	
	RECORDS	#	용	#	용	#	ે	#	용	#	%	#	%	#	%	
	======	======	=====	=======	====	======		=======	=====	======	=====	======	=====	======	=====	
STATEWIDE	206011	103570	50%	7161	3%	58286	28%	15339	7%	14691	7%	2121	1%	4843	2%	
REGION 3	27422	14638	53%	1072	4%	6945	25%	1743	6%	2128	8%	126	0%	770	3%	
041 Augusta Fire Departme	ent 4227	2392	57%	206	5%	704	17%	497	12%	389	9%	8	0%	31	1%	

Augusta Fire Department

TABLE 6: PEAK ACTIVITY BY DAY OF WEEK PERIOD COVERED: 01/01/2002 - 12/31/2002

TOTAL # RECORDS TIME OF CALL MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY ----------====== -----======= ---------===== 0001 - 0400 0401 - 0800 10% 0801 - 1200 21% 1201 - 1600 25% 1601 - 2000 20% 2001 - 2400 14% UNKNOWN 1% TOTAL RECORDS 4227 100%

Augusta Fire Department

TABLE 7A: TYPE OF MEDICAL CALLS, BY TOWN

PERIOD COVERED: 01/01/2002 - 12/31/2002

		TOTAL	% OF			,,	RESPIR	BEHAV	DIA			OB	
TOWN		RECORDS	TOTAL	MEDICAL	CARDIAC	POISON	ATORY	IOR	BETIC	SEIZURE	CVA	GYN	OTHER
01050	LEWISTON	1	0	1	0	0	0	1	0	0	0	0	0
TOTAL	ANDROSCOGGIN COUNTY	1	0	1	0	0	0	1	0	0	0	0	0
05170	PORTLAND	25	1	20	1	0	0	7	0	0	0	0	9
TOTAL	CUMBERLAND COUNTY	25	1	20	1	0	0	7	0	0	0	0	9
11020	AUGUSTA	3564	84	2190	475	103	341	264	91	98	56	37	881
11030	BELGRADE	1	0	1	0	0	0	0	1	0	0	0	0
11050	CHELSEA	128	3	69	17	3	5	4	3	6	0	1	30
11060	CHINA	1	0	0	0	0	0	0	0	0	0	0	0
11080	FARMINGDALE	8	0	4	2	0	0	0	0	0	1	0	1
11100	GARDINER	10	0	6	2	0	0	0	0	0	0	0	3
11110	HALLOWELL	301	7	171	31	6	26	11	6	5	10	0	86
11130	MANCHESTER	121	3	68	17	0	8	0	7	4	3	1	31
11150	MOUNT VERNON	1	0	0	0	0	0	0	0	0	0	0	0
11170	PITTSTON	8	0	4	1	0	0	1	0	0	2	0	1
11180	RANDOLPH	6	0	3	0	1	1	0	0	0	0	0	1
11190	READFIELD	2	0	1	1	0	0	0	0	0	0	0	0
11210	SIDNEY	10	0	2	0	0	0	0	0	0	0	0	1
11220	VASSALBORO	7	0	5	1	1	0	0	0	0	0	0	3
11240	WATERVILLE	2	0	2	0	0	0	0	0	0	0	0	2
11260	WEST GARDINER	1	0	1	1	0	0	0	0	0	0	0	0
11270	WINDSOR	3	0	2	0	0	0	0	0	0	1	1	0
11290	WINTHROP	14	0	9	0	0	2	1	1	0	1	0	4
TOTAL	KENNEBEC COUNTY	4188	99	2538	548	114	383	281	109	113	74	40	1044

Augusta Fire Department

TABLE 7A: TYPE OF MEDICAL CALLS, BY TOWN

PERIOD COVERED: 01/01/2002 - 12/31/2002

				I LIKIOD CO	VIIIID. UI	/ 01/2002	12/51	/2002					
		TOTAL	% OF				RESPIR	BEHAV	DIA			OB	
TOWN		RECORDS	TOTAL	MEDICAL	CARDIAC	POISON	ATORY	IOR	BETIC	SEIZURE	CVA	GYN	OTHER
15090	JEFFERSON	2	0	0	0	0	0	0	0	0	0	0	0
15130	SOMERVILLE	2	0	0	0	0	0	0	0	0	0	0	0
15180	WHITEFIELD	5	0	4	0	0	0	0	0	0	0	0	3
TOTAL	LINCOLN COUNTY	9	0	4	0	0	0	0	0	0	0	0	3
19380	LINCOLN	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	PENOBSCOT COUNTY	1	0	0	0	0	0	0	0	0	0	0	0
27160	PALERMO	2	0	1	0	0	1	0	0	0	0	0	0
TOTAL	WALDO COUNTY	2	0	1	0	0	1	0	0	0	0	0	0
99999	OUT OF STATE	1	0	1	0	0	0	1	1	0	0	0	0
TOTAL	UNKNOWN COUNTY	1	0	1	0	0	0	1	1	0	0	0	0
moma r		4005	100	2565	F 4 0	114	204	000	110	112		4.0	1056
TOTAL		4227	100	2565	549	114	384	290	110	113	74	40	1056

Augusta Fire Department

TABLE 7B: TYPE OF TRAUMA CALLS AND CODE 99'S, BY TOWN

PERIOD COVERED: 01/01/2002 - 12/31/2002

TOWN		TOTAL RECORDS	% OF TOTAL	TRAUMA	MULTI SYS TRAUMA	HEAD TRAUMA	SPINAL TRAUMA	BURN	SOFT TISSUE INJURY	FRACTURES	OTHER	CODE 99	CONC SUICIDE
01050	LEWISTON	1	0	0	0	0	0	0	0	0	0	0	1
TOTAL	ANDROSCOGGIN COUNTY	1	0	0	0	0	0	0	0	0	0	0	1
05170	PORTLAND	25	1	0	0	0	0	0	0	0	0	0	0
TOTAL	CUMBERLAND COUNTY	25	1	0	0	0	0	0	0	0	0	0	0
11020	AUGUSTA	3564	84	741	29	102	115	7	325	155	140	38	74
11030	BELGRADE	1	0	0	0	0	0	0	0	0	0	0	0
11050	CHELSEA	128	3	42	6	7	9	0	14	5	9	9	1
11060	CHINA	1	0	0	0	0	0	0	0	0	0	0	0
11080	FARMINGDALE	8	0	2	1	0	0	0	1	0	0	0	0
11100	GARDINER	10	0	3	0	0	0	0	3	0	0	0	0
11110	HALLOWELL	301	7	68	2	8	10	0	35	13	11	5	3
11130	MANCHESTER	121	3	37	7	4	7	1	15	8	7	5	2
11150	MOUNT VERNON	1	0	1	1	0	0	0	0	0	0	0	0
11170	PITTSTON	8	0	4	0	0	1	0	3	1	0	0	0
11180	RANDOLPH	6	0	3	2	1	0	0	1	3	0	0	0
11190	READFIELD	2	0	1	0	0	0	0	0	0	0	0	0
11210	SIDNEY	10	0	5	0	1	4	0	2	1	0	0	0
11220	VASSALBORO	7	0	2	0	0	0	0	0	1	1	0	0
11240	WATERVILLE	2	0	0	0	0	0	0	0	0	0	0	0
11260	WEST GARDINER	1	0	0	0	0	0	0	0	0	0	0	0
11270	WINDSOR	3	0	1	1	0	0	0	0	0	0	0	0

Augusta Fire Department

TABLE 7B: TYPE OF TRAUMA CALLS AND CODE 99'S, BY TOWN

PERIOD COVERED: 01/01/2002 - 12/31/2002

TOWN		TOTAL RECORDS	% OF TOTAL	TRAUMA	MULTI SYS TRAUMA	HEAD TRAUMA	SPINAL TRAUMA	BURN	SOFT TISSUE INJURY	FRACTURES	OTHER	CODE 99	CONC SUICIDE
11290	WINTHROP	14	0	4	0	1	3	0	2	0	0	0	0
TOTAL	KENNEBEC COUNTY	4188	99	914	49	124	149	8	401	187	168	57	80
15090	JEFFERSON	2	0	1	0	0	0	0	1	1	0	0	0
15130	SOMERVILLE	2	0	1	1	1	0	0	1	1	0	0	0
15180	WHITEFIELD	5	0	1	0	0	0	0	0	0	1	0	0
TOTAL	LINCOLN COUNTY	9	0	3	1	1	0	0	2	2	1	0	0
19380	LINCOLN	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	PENOBSCOT COUNTY	1	0	0	0	0	0	0	0	0	0	0	0
27160	PALERMO	2	0	1	0	0	0	1	1	0	0	0	0
TOTAL	WALDO COUNTY	2	0	1	0	0	0	1	1	0	0	0	0
99999	OUT OF STATE	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	UNKNOWN COUNTY	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL		4227	100	918	50	125	149	9	404	189	169	57	81

Augusta Fire Department

TABLE 8: TOTAL PATIENTS RECEIVING ALS TREATMENT PERIOD COVERED: 01/01/2002 - 12/31/2002

	DEFIB	CVERT	SUCCESSFUL		SUCCESSFUL		
STATEWIDE	406	9	47300	7206	890	166	
REGION 3	48	1	8148	929	141	20	
Augusta Fire Department Total	14	0	1109	98	32	3	
01438	0	0	2	0	3	0	
06998	0	0	4	0	0	0	
07824	0	0	0	1	0	0	
07917	0	0	1	1	0	0	
08676	2	0	52	15	4	0	
09025	0	0	1	0	0	0	
09282	0	0	1	0	0	0	
09640	1	0	68	3	2	0	
09989	1	0	8	2	0	1	
10085	1	0	47	0	1	1	
10454	0	0	16	1	0	0	
11118	1	0	48	4	0	0	
11175	0	0	1	0	0	0	
11513	1	0	29	4	1	0	
11646	0	0	138	5	3	0	
12267	0	0	1	0	0	0	
13147	0	0	4	0	0	0	
13148	0	0	39	3	2	0	
13423	1	0	5	0	0	0	

Augusta Fire Department

TABLE 8: TOTAL PATIENTS RECEIVING ALS TREATMENT PERIOD COVERED: 01/01/2002 - 12/31/2002

			******	V ******	*****	ET *******
	DEFIB	CVERT	SUCCESSFUL	UNSUCCESSFUL	SUCCESSFUL	UNSUCCESSFUL
	=====	=====	=======	========	=======	========
13753	0	0	3	2	0	0
13826	0	0	84	4	0	0
14244	1	0	9	4	0	0
14429	0	0	0	1	0	0
15201	0	0	1	0	0	0
15838	0	0	2	0	0	0
15981	0	0	1	0	0	0
16377	0	0	3	1	0	0
16520	0	0	3	0	0	0
17173	0	0	50	2	2	0
17254	0	0	4	0	0	0
17418	0	0	14	2	0	0
17714	0	0	1	1	0	0
17725	0	0	1	0	0	0
17756	0	0	19	5	0	0
17773	1	0	112	4	0	0
17959	0	0	8	1	0	0
18107	1	0	65	3	3	0
18264	0	0	21	9	0	0
18299	0	0	65	7	1	1
18424	0	0	2	1	0	0
18662	0	0	3	1	0	0
18843	0	0	7	0	0	0
18959	2	0	80	6	5	0
18965	0	0	1	0	0	0

Augusta Fire Department

TABLE 8: TOTAL PATIENTS RECEIVING ALS TREATMENT PERIOD COVERED: 01/01/2002 - 12/31/2002

			******	V ******	******	ET *******
	DEFIB	CVERT	SUCCESSFUL	UNSUCCESSFUL	SUCCESSFUL	UNSUCCESSFUL
	=====			========		
19082	0	0	64	1	3	0
19123	0	0	3	2	0	0
19176	0	0	4	0	0	0
19366	0	0	2	0	0	0
19566	0	0	1	0	0	0
19638	0	0	1	0	0	0
19955	0	0	0	1	0	0
99999	1	0	10	1	2	0

Augusta Fire Department

TABLE 9: AED TIME AVERAGE AND FREQUENCIES

FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS PERIOD COVERED: 01/01/2002 - 12/31/2002

	mom3	RECORDS W		TOTAL RECORDS BY RANGE								
	TOTAL TRANSPORTS WITH AED	====== TOTAL #	======= PERCENT %	AVERAGE TIME TO AED	====== 1-2 #	===== MIN %	3-6 #	===== MIN %	7-10 #	===== MIN %	>10 #	==== MIN %
STATEWIDE	======= 135	==== 59	====== 44%	: 05	31	==== 53%	14	24%	6	==== 10%	8	14%
REGION 3	10	3	30%	: 02	2	67%	1	33%	0	0%	0	0%
041 Augusta Fire Department	0	0	%	:	0	%	0	%	0	%	0	용

Augusta Fire Department

TABLE 10: DEFIB/CVERT TIME AVERAGE AND FREQUENCIES FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2002 - 12/31/2002

		TOTAL RECORDS BY RANGE											
	TOTAL TRANSPORTS W/ DEFIB/CVERT	======================================		AVERAGE TIME TO DEFIB/CVERT	1-2 MIN		======================================		7-10 MIN # %		======== >10 MIN # %		
STATEWIDE	360	==== 250	===== 69%	: 09	64	26%	==== 74	30%	33	13%	===== 79	32%	
REGION 3	42	25	60%	: 13	5	20%	6	24%	3	12%	11	44%	
041 Augusta Fire Department	11	4	36%	: 15	1	25%	0	0%	1	25%	2	50%	

Augusta Fire Department

TABLE 11: MEDICATION TIME AVERAGE AND FREQUENCIES

FOR TRANSPORTING SERVICES

RECORDS INDICATING EMERGENCY TRANSPORTS PERIOD COVERED: 01/01/2002 - 12/31/2002

		TOTAL RECORDS BY RANGE										
	TOTAL TRANSPORTS			AVERAGE TIME TO	1-2 MIN		3-6 MIN		7-10 MIN		>10 MIN	
	WITH MEDS	#	%	MEDICATN	#	%	#	િ	#	ક	#	8
STATEWIDE	18487	===== 14621	===== 79%	: 16	====== 597	4%	1883	13%	2314	16%	9827	67%
REGION 3	3625	2686	74%	: 15	111	4%	378	14%	455	17%	1742	65%
041 Augusta Fire Department	462	205	448	: 11	20	10%	44	21%	51	25%	90	44%